

S t a t e P r o f i l e D a t a S y s t e m

MEDICAID

spDATA System

Characteristics of Medicaid State Programs

Part 1



US DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Health Care Financing Administration
Medicaid Bureau
HCFA Pub. No. 10130
December 1993

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PREFACE

The Medicaid program is a major funding source of health care for America's poor and disabled. A rapid increase in Medicaid expenditures in recent years has focused attention on the need for a database with current, comprehensive information on all State Medicaid programs. *Medicaid State Profile Data (spDATA) System: Characteristics of Medicaid State Programs* provides details on State Medicaid programs. This two-part report includes data generated from the Health Care Financing Administration's (HCFA's) spDATA System and data collected through the research efforts of the National Governors' Association (NGA).

Part 1 (previously called Volume I) presents national tables of selected State plan characteristics, and summarizes Medicaid program policy changes tracked by NGA. Part 2 (a condensed version of what was previously called Volume II) provides additional data on administration, eligibility, non-institutional and institutional payment, and HCBS waivers. Part 2 tables are still organized in the State profile format.

Part 1

The spDATA System primarily contains selected characteristics from Medicaid State plans, pending State plan amendments (SPAs), and supplementary information submitted with SPAs. Some information included in the spDATA System (e.g., disproportionate share hospital funding sources and donations and taxes programs) is obtained directly from the States. The spDATA System collects data on the 50 States and the District of Columbia. Data on approved Home and Community-Based Services (HCBS) waivers come from approved State HCBS waivers. Data on managed care enrollment come from HCFA's *Medicaid Managed Care Enrollment* report. Regional offices (ROs) enter data into the system from the sources listed above. SpDATA provides immediate, on-line access to certain State plan characteristics that are important to understanding the Medicaid program. Readers should be aware that the spDATA System is not an automated database of the entire State plan, nor does it automate the State plan process.

Part 1 tables display information on:

- **Administration**: Medicaid coordination with other health insurance programs: premiums, deductibles, coinsurance, and recipient cost sharing;
- **Eligibility Requirements of State Medicaid Programs**: Mandatory and optional eligibility groups included under States' plans and the general information on the financial criteria used by States in determining Medicaid eligibility;
- **Services Covered by Medicaid**: Coverage and limitations of selected services available to categories of Medicaid recipients (e.g., inpatient hospital, physician services, prescribed drugs, transportation, transplants, and services provided under the Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) program);
- **Reimbursement for Non-Institutional Services**: Information on methods used to pay for prescribed drugs and physicians' services;

- **Reimbursement for Institutional Services:** Data on payment methods for hospitals, nursing facilities, and intermediate care facilities for the mentally retarded;
- **Payment Rates for Obstetrical (OB) and Pediatric (PED) Services:** Information on maximum payment rates for OB/PED services, practitioner types, and methods used to document access to services;
- **Approved Home and Community-Based Services (HCBS) Waivers:** Data on the effective dates of currently approved HCBS waivers, the eligibility groups covered, and the population groups receiving services under the waivers; and
- **Medicaid Managed Care Enrollment:** Data on enrollment in Medicaid managed care programs, the types of managed care programs, the reimbursement method used for each, the makeup of the eligible population (all Medicaid, Aid to Families with Dependent Children (AFDC) and related, SSI and related, other), the geographic jurisdiction of each program, and the number of Medicaid enrollees in each. States are grouped by region.

The spDATA system was designed, developed, and implemented by staffs from the Medicaid Bureau, Bureau of Data Management and Strategy (BDMS), and the HCFA ROs. Data from State plans and SPAs were entered into the spDATA System by RO staff who are responsible for approving SPAs and updating and maintaining the official State plans for the States in their region. RO staff reviewed the data on the tables to verify their accuracy and consistency with the State plans.

The *Catalogue of State Medicaid Program Changes* in Part 1 summarizes Medicaid program and policy changes made by the States during calendar year 1992. Information presented in the *Catalogue* includes the following:

- **Five-Year Overview of State Medicaid Program Trends:** Graphs showing 5-year trends (1988-1992) on the number of HCBS waivers by targeted populations, the number of model HCBS waivers by target populations, average AFDC thresholds as a percentage of poverty, average medically needy eligibility thresholds as a percentage of poverty, average Medicaid coverage level for pregnant women and infants as a percentage of poverty, and number of States that have implemented optional targeted case management programs.
- **Summary of Selected State Medicaid Program Changes:** Narrative on the changes made by States in 1992 for administration and management, eligibility, acute and long-term care services, non-institutional reimbursement, institutional reimbursement, alternative service delivery, and program management.

The *Catalogue* was contributed by the National Governors' Association's (NGA) Center for Policy Research through their State Medicaid Information Center (SMIC). SMIC is a clearinghouse for information on State Medicaid programs. States submit Medicaid policy and program information to SMIC on a continuous basis. This information, typically recipient announcements, State regulations, and State Medicaid provider manuals, is then edited and added to the SMIC database. The information is reviewed by the State Medicaid agencies for accuracy and completeness. In addition, SMIC gathers information on a number of State Medicaid program characteristics that

have been given high priority by Federal and State officials. These include Medicaid program waivers, financial eligibility criteria, and implementation of policies related to pregnant women and children. SMIC publishes tables summarizing State activity in each of the above characteristics on an annual basis.

HCFA is combining the spDATA System report with NGA's *Catalogue of State Medicaid Program Changes* to provide readers easy access to a maximum amount of information on States' Medicaid programs. NGA's report adds data on 5-year trends and State program changes. The two reports provide different, but complementary, approaches to analyzing the Medicaid program. Although combining reports with different databases may create some analytical problems, the benefits of having comprehensive information in one publication will compensate for these problems. Both reports include data collected from Medicaid State plans. The reports differ in these ways:

Time Frames: spDATA tables in this report are current as of December 31, 1993 except for OB/PEDS, HCBS waivers, and managed care tables which are current as of July 1, 1993; NGA's narrative, tables, and graphs are current as of January 1993.

Data Sources: The majority of data in the spDATA System are from Medicaid State plans and pending SPAs. Sources outside the State plan include State reports, approved HCBS waivers, and managed care enrollment data from the *Medicaid Managed Care Enrollment* report. NGA's report includes data from State plans, SPAs, surveys, provider announcements, and State regulations. NGA also collects information on freedom of choice and HCBS waivers.

Preparation of NGA's 1992 *Catalogue of State Medicaid Program Changes*, was supported by a contract from the Intergovernmental Affairs Office previously within the Medicaid Bureau in HCFA. Data in the NGA portion of the report have not been validated by HCFA, nor has HCFA attempted to reconcile NGA's data with the data from the spDATA System or the spDATA tables. Any interpretations, views, or opinions expressed in the NGA section are those of NGA authors and do not necessarily represent those of the Department of Health and Human Services and/or HCFA.

TABLE OF CONTENTS

PREFACE	i
BACKGROUND	1
Scope of spDATA	1
Outlook	2
The Administrative Structure of the Medicaid Program and the Medicaid State Plan	2
The spDATA System Organization	4
SUMMARY OF THE MEDICAID PROGRAM	5
DATA PRESENTED IN THE NATIONAL TABLES	12
NATIONAL TABLES	
1. Administration of the State Medicaid Programs	17
Table 1-1. Medicaid Coordination With Other Insurance Programs: Premiums, Deductibles, and Coinsurance	20
Table 1-2. Recipient Cost-Sharing Policies	27
2. Eligibility Profiles of State Medicaid Programs	37
Table 2-1 Implementation of Mandatory Eligibility Groups	50
Table 2-2 Implementation of Optional Eligibility Groups	64
Table 2-3. Optional Coverage of the Medically Needy	78
Table 2-4. AFDC Payment Standards (Dollars)	84
Table 2-5. Financial Criteria Used in Eligibility Determinations for the Medically Needy	86
Table 2-6. Financial Criteria Used in Eligibility Determinations for the Aged, Blind, and Disabled in 209(b) States	91
Table 2-7. More Liberal Income and Resource Methods as Defined in Section 1902(r)(2)	93
3. Services Covered by Medicaid	101
Table 3-1. Medicaid Services for the Categorically and Medically Needy Populations	110
Table 3-2. Inpatient Hospital Services: Coverage and Limitations	124

Table 3-3.	Outpatient Hospital Services: Coverage and Limitations	131
Table 3-4.	Physician Services: Coverage and Limitations	138
Table 3-5.	Targeted Case Management (TCM) Services: Coverage and Limitations	152
Table 3-6.	Prescribed Drugs: Coverage and Limitations	166
Table 3-7.	Transportation Services: Coverage and Limitations	174
Table 3-8.	Coverage of Transplant Services	188
Table 3-9.	Profile of the EPSDT Program	195
Table 3-10.	Rural Health Clinics: Coverage and Limitations	202
Table 3-11.	Federally Qualified Health Center Services: Coverage and Limitations	209
Table 3-12.	Clinic Services - Maternal and Child Health Clinics: Coverage and Limitations	216
Table 3-13.	Clinic Services - Mental Health Clinics: Coverage and Limitations	223
Table 3-14.	Clinic Services - Alcohol and Substance Abuse Clinics: Coverage and Limitations	230
Table 3-15.	Clinic Services - Birthing Centers: Coverage and Limitations	237
Table 3-16.	Clinic Services - Ambulatory Surgical Centers: Coverage and Limitations	244
Table 3-17.	Clinic Services - End Stage Renal Disease Facilities: Coverage and Limitations	251
Table 3-18.	Clinic Services - MR/Day Treatment Facilities: Coverage and Limitations	258
4.	Payment for Non-Institutional Services	267
Table 4-1.	Payment for Prescribed Drugs by Payment Methodology and Dispensing Fee	270
Table 4-2.	Payment Methodology for Physicians Services	272
Table 4-3.	States with Disproportionate Share Payments and/or Donations & Taxes Programs for Non-Institutional Services	276
Table 4-4.	States with Disproportionate Share Payments by Non-Institutional Service or Donation and Taxes Programs by Service Type	277
5.	Payment for Institutional Services	281
Table 5-1.	States with Disproportionate Share Hospitals (DSH) Provisions and Source of Funding	284
Table 5-2.	States with Donations and/or Taxes Programs for Institutional Services	298
Table 5-3.	Payment for Acute Care Hospital Services	301
Table 5-4.	Payment for Psychiatric Hospital Services	308
Table 5-5.	Payment for Other Types of Hospital Services	315
Table 5-6.	Payment for Nursing Home Facility Services	322
Table 5-7.	Payment for Intermediate Care Facility Services for the Mentally Retarded (ICF/MR)	329

6.	Maximum Payment Rates for Obstetrical and Pediatric Services	339
Table 6-1.	Maximum Payment Rates for Obstetrical Services	343
Table 6-2.	Maximum Payment Rates for Pediatric Services	350
7.	Characteristics of Approved Home and Community-Based Services (HCBS) Waivers	367
Table 7-1.	Characteristics of Approved HCBS Waivers	369
8.	Medicaid Managed Care Enrollment Report	377
Table 8-1.	Medicaid Managed Care Enrollment Report	380
9.	The Territories (narrative only)	
	Puerto Rico	407
	Virgin Islands	411
	American Samoa	413
	Guam	415
	Northern Mariana Islands	418

1992 CATALOGUE OF STATE MEDICAID PROGRAM CHARACTERISTICS (NGA)

Table of Contents	NGA-iii
Introduction	NGA-1
How to Use This Document	NGA-2
Catalogue Guide: A "Where to Find" Sampler	NGA-4
Chapter 1: 5-Year Overview of State Medicaid Program Trends (graphs)	NGA-5
Chapter 2: State Medicaid Program Changes	NGA-15

APPENDIXES

Appendix I:	Central and Regional Office spDATA Specialists	A- 3
Appendix II:	State Medicaid Directors	A- 5
Appendix III:	Where to Find Additional Medicaid Data	A-10
Appendix IV:	List of Services Covered by Medicaid	A-12
Appendix V:	Abbreviations Used in This Report	A-14
Appendix VI:	State Abbreviations	A-17
Appendix VII:	Federal Medical Assistance Percentages (FMAP)	A-18
Appendix VIII:	References	A-20
	National Technical Information Service (NTIS) Order Form	A-23

BACKGROUND

This profile of State Medicaid program characteristics was produced in response to the 1991 Joint Department of Health and Human Services (HHS) and Office of Management and Budget (OMB) report entitled, "Better Management for Better Medicaid Estimates." The report stated that although a program as large and varied as Medicaid may always have budget estimating errors, structurally much can be done to improve the accuracy of both Federal and State estimates. To improve Medicaid estimating, HHS and OMB recommended that the Medicaid Bureau maintain, make available to the public, and possibly automate:

State inventories of baseline Medicaid features and proposed changes; and

detailed extracts of State plans and SPAs describing State eligibility (distinguishing mandatory and optional features), coverage, and reimbursement policies.

To implement this OMB directive, the Medicaid Bureau convened a Medicaid Program Characteristics Work Group, including Medicaid Bureau, Bureau of Data Management and Strategy (BDMS), Office of Research and Demonstrations (ORD), and regional office (RO) staff-level representatives. The Budget Estimating Initiative (BEI) Steering Committee comprised of HCFA senior-level staff and led by the Medicaid Bureau, also provided input and direction to the project.

Previously, collections of State program characteristics were done by hard-copy survey and compiled into a book format for publication. These profiles were difficult to keep up-to-date. The HCFA work group decided that the initial data collection would continue to be done by hard-copy survey, but that the results would be entered into an automated system for easy updating and reporting. This automated system, named the Medicaid State Profile Data (spDATA) System, was designed to produce national comparisons and ad hoc reports from Medicaid State program data, as well as detailed profiles for individual States.

In the short term, spDATA would offer an organized structure for Medicaid program data collected from the approved State plans, pending SPAs, and from a limited number of related reports. This would allow HCFA to present the data in a variety of ways.

The Scope of the Medicaid State Profile Data (spDATA) System

The HCFA work group made decisions on what information to include initially and what could be added at a later time. They agreed that the most accessible sources of data would be the approved State plan and pending SPAs. Although there is a great deal of information in State plan narrative sections and in documents unrelated to the State plan, time constraints made the use of data contained in the State plan preprint the most logical starting point. Data were collected according to subject matter as defined in the preprint. These subjects include:

1. Administrative information;
2. Eligibility groups;
3. Coverage of services and service limitations; and
4. Reimbursement methodologies for covered services.

The survey documents used to collect data from the States and the data entry system are based on State plans and SPAs. State practice often is more accurately reflected in pending SPAs (which may have retroactive effective dates) than in the approved State plan alone. Therefore, information from both approved and pending SPAs is included in the system and can be retrieved to create State profiles. SPAs are entered into the system on a continuous basis by RO users who are familiar with State plans.

Initially data were collected on the 50 States and the District of Columbia for the four preprint subject areas. Data on payment for obstetrical and pediatric services, approved HCBS waivers, and managed care enrollment were added to the system in 1993. The spDATA System enables the Medicaid Bureau to produce profiles of Medicaid State programs at given points in time.

Outlook

The spDATA System will move forward both in its capabilities and its information inventory. At the same time, due to the unique nature of the data, the demands on the system will likely grow in frequency and complexity.

Staff who participated in building the spDATA System identified the data elements used in the initial construction of the system. Once information is actually extracted from all the State plans, additions and minor changes may have to be made to some data elements.

The Medicaid Bureau and BDMS are responsible for monitoring and enhancing the system, as necessary. Upgrades of the report capabilities for the system are already planned. Reports based on a variety of user-determined selection criteria (States, area of plan, effective dates, and approval dates) will be available to all users and may be printed at each user's location.

One of the first major system enhancements will be the addition of a query function. This will enable users to access data, as well as discern associations among data elements. Another major advancement will be the establishment of relational linkages between data sections. These relational linkages would permit users to examine areas of natural relationship and association that otherwise might be time consuming and cumbersome.

Substantial additional work will be required to bring into the system those parts of Medicaid State plans previously omitted and the regulatory changes that occurred after the spDATA System was established.

The Administrative Structure of the Medicaid Program and the Medicaid State Plan

The Medicaid program is financed jointly with Federal and State funds and is administered under the general oversight of HCFA. Each State manages its Medicaid program through a designated single State Medicaid agency. The basic responsibilities of the State agencies include eligibility determination, provider certification, claims processing, review and inspection of facilities providing care, as well as the maintenance of the program's integrity and administration.

Single State Agency

Each State must designate a single agency to operate its Medicaid program. This may be the welfare or social services department, health department, or a combination health/social services department. The single State agency may be an independent entity or part of a larger umbrella agency which is neither the welfare nor the health department. A State may maintain responsibility for overall policy determination but delegate some of the administration of the program to local agencies. (A specific statutory exemption permits Massachusetts to use two separate Medicaid single State agencies, one responsible for Medicaid coverage of the blind, the other is responsible for all other Medicaid recipients.) If the Medicaid agency is not the welfare or other agency managing the Aid to Families with Dependent Children (AFDC) program, then it must have an agreement with that agency for eligibility determinations. In addition, a State may contract with the Social Security Administration under a section 1634 agreement to determine Medicaid eligibility for the aged, blind, and disabled under the Supplemental Security Income (SSI) program. (SSI, established by title XVI of the Social Security Act (the Act), is a program of income support for low-income aged, blind, and disabled persons.) The State may also apply SSI criteria itself and make the eligibility determination or apply more restrictive criteria under sections 1902(f) or 209(b) of the Act in determining eligibility of aged, blind, or disabled persons. If the agency is not the State health department, it must have a cooperative agreement with the health department for advice on certification and quality standards and other purposes. In addition, the Medicaid agency must have agreements with the agencies administering the maternal and child health block grant and the State's vocational rehabilitation programs to ensure optimal use of resources.

Medicaid regulations require that each State establish a Medicaid advisory committee, including provider and recipient representatives, to review and make recommendations on Medicaid policy. (Federal courts have invalidated substantive policy decisions made by a Medicaid agency without consulting the advisory committee.)

State Plans

Each State's Medicaid program is operated in accordance with a State plan for medical assistance which describes the State's basic administrative, eligibility, coverage, and reimbursement policies. Many of the basic provisions in Medicaid law take the form of requirements for the content of State plans. Thus, the State plan constitutes the fundamental control mechanism for the program. The State plan must be amended periodically to reflect changes in Federal law, regulations, policy interpretations, court decisions, and material changes in State law or policy. HCFA ordinarily notifies States when an amendment is needed because of a change in Federal rules. If a change in State policy requires a change in the State plan, the State must submit an SPA by the end of the calendar quarter in which the change took effect in order to receive Federal matching funds for increased expenditures.

HCFA approves the SPA, or requests additional information within 90 days after it is received, or the HCFA Administrator disapproves it. Disapproval of an SPA may be subject to administrative appeal within HHS and, if a State chooses, to review by Federal courts. HCFA may withhold payments to a State, in whole or in part, if the State plan no longer complies with Federal law, or if in practice, the State violates its State plan.

Such withholding can occur only after proper notice and a hearing officer finds the plan or practice to be inconsistent with Federal law and the HCFA Administrator affirms the decision.

Processing State Plans

The overall process for updating Medicaid State plans includes the preprint development process and State plan amendment process.

Preprint Development Process:

- Changes in legislation cause HCFA to develop policy changes that result in HCFA components modifying preprint material.
- The modified preprint material undergoes a comment and review process within HCFA.
- After Medicaid Bureau clearance, the preprint material is forwarded to HCFA's Office of Budget and Administration for electronic distribution to the States.
- The cleared preprint material is sent to the Medicaid State agencies through the Office of Issuance's Program Transmittal process using electronic mail.

State Plan Amendment Process:

- The Medicaid State agency fills out the preprint, develops the required attachments and additional narrative material, as needed, and sends the complete package as an SPA under cover of a HCFA-179 (Transmittal and Notice of Approval of State Plan Material) to the HCFA RO.
- The HCFA RO reviews and approves SPAs, or requests additional information within 90 days. (The process of disapproving SPAs is discussed above in State Plans.)
- The HCFA RO retains the approved SPAs in hard-copy and electronic form. Each RO maintains the official State plan for each State and Territory within its region.

The spDATA System Organization

The spDATA System is used to collect selected Medicaid program characteristics from the State plan for each State and the District of Columbia.

The spDATA System uses the Model 204 computer processing software to manage the data that have been accumulated. The system is maintained on a mainframe computer within the HCFA Data Center (HDC). This means that any computer terminal with access to the HDC can be provided access to the spDATA System. HCFA CO and RO users access the HDC using personal computers (PCs), generally in a terminal emulation mode. Currently, spDATA does not interface with any other automated Medicaid data system.

To transform each State's Medicaid program characteristics into electronic records, the database is structured along the lines of the State plan preprint for the sections on administration, coverage, eligibility, institutional reimbursement, and non-institutional reimbursement. The spDATA System also includes data on payment rates for obstetrical and pediatric services, approved HCBS waivers, and Medicaid managed care enrollment. ROs enter this information into the system in an on-line mode using data entry screens. Included within the data elements are fields intended to capture the narrative sections of State plans which describe unique State situations or circumstances.

Individual data elements are entered into the system either as part of the baseline State plan or as part of the SPAs. The baseline date for the sections on administration, coverage, eligibility, institutional and non-institutional reimbursement is October 1, 1991. Amendments and associated data elements approved separately prior to October 1, 1991, are part of the overall baseline. The baseline date for obstetrical and pediatric payment rates, approved HCBS waivers, and managed care enrollment is July 1, 1993.

Pending SPAs are entered separately into the spDATA System as they are received by the ROs. Amendments and the individual data elements they are related to are retained as separate records. Part of the record for each SPA consists of control information which includes a transmittal (identification) number, proposed effective date, actual effective date, approval date, disposition code, and the amendment objective(s).

Users can browse data and select a variety of menu-driven reports. A State profile can be constructed for a specific point in time by specifying parameters such as amendment effective date or approval date. The system creates a "composite profile" by selecting all SPAs that meet the criteria and choosing the most recent value for each data element.

SUMMARY OF THE MEDICAID PROGRAM

Program Overview

Title XIX of the Act established a program which provides medical assistance for certain individuals and families with low incomes and resources. The program, known as Medicaid, became law in 1965 as a jointly funded cooperative venture between the Federal and State governments to assist States in the provision of more adequate medical care to eligible needy persons. Medicaid is the largest program providing medical and health-related services to America's poorest people.

Within broad national guidelines which the Federal government provides, each of the States: (1) establishes its own eligibility standards, (2) determines the type, amount, duration, and scope of services, (3) sets the rate of payment for services, and (4) administers its own program. Thus, the Medicaid program varies considerably from State to State, as well as within each State over time.

Medicaid Eligibility

States have some discretion in determining which groups their Medicaid programs will cover and the financial criteria for Medicaid eligibility. To be eligible for Federal funds, States are required to provide Medicaid coverage for most individuals who receive

federally assisted income maintenance payments, as well as for certain related groups not receiving cash payments. (See Section 2: Eligibility for a detailed discussion of mandatory eligibility groups.) Some examples of the mandatory Medicaid eligibility groups are:

- Recipients of Aid to Families with Dependent Children (AFDC). AFDC, established by title IV-A of the Act, is a program of income support for low-income families;
- Supplemental Security Income (SSI) recipients (or in States using more restrictive criteria, aged, blind, and disabled individuals who meet criteria which are more restrictive than those of the SSI program and which were in place in the State's approved Medicaid plan as of January 1, 1972);
- infants born to a Medicaid-eligible pregnant woman. Medicaid eligibility must continue throughout the first year of life so long as the infant remains in the woman's household and she remains eligible, or would be eligible if she were still pregnant;
- children under age 6 and pregnant women who meet the State's AFDC financial requirements or whose family income is at or below 133 percent of the Federal poverty level (FPL). (The minimum mandatory income level for pregnant women and infants in certain States may be higher than 133 percent, if as of certain dates the State had established a higher percentage for covering those groups.) Pregnant women remain eligible for Medicaid through the end of the calendar month ending 60 days after the end of pregnancy regardless of any change in her family's income. For the poverty level related groups, States may use a resource test no more restrictive than that of the AFDC program, or States may choose not to use any resource test;

NOTE: The Federal poverty level, or poverty threshold, is a statistical measure used to indicate the level of cash income needed by a family to purchase a "minimally adequate" market basket of goods and services. The threshold is adjusted for family size and updated every February for inflation. It is a nationwide standard of poverty.

- all children born after September 30, 1983 in families with incomes at or below the Federal poverty level for whom States are required to extend Medicaid eligibility gradually until they reach age 19. This phases in coverage, so that by the year 2002, all poor children under age 19 will be covered;
- recipients of adoption assistance & foster care under title IV-E of the Act;
- certain Medicare beneficiaries (described later); and
- special protected groups who lose cash assistance because of the cash programs' rules, but who may keep Medicaid for a period of time. Examples are persons who lose AFDC or SSI payments due to earnings from work or increased Social Security benefits, and two-parent, unemployed families whose AFDC cash assistance is limited by the State and who are provided a full 12 months of Medicaid coverage.

States also have the option to provide Medicaid coverage for other "categorically needy" groups. These optional groups share characteristics of the mandatory groups, but the eligibility criteria are somewhat more liberally defined. Examples of the optional groups that States may cover as categorically needy (and for which they will receive Federal matching funds) under the Medicaid program are:

- Infants up to age 1 and pregnant women not covered under the mandatory rules whose family income is below 185 percent of the Federal poverty level (the percentage to be set by each State);
- certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the Federal poverty level;
- children under age 21 who meet income and resources requirements for AFDC, but who otherwise are not eligible for AFDC;
- institutionalized individuals with income and resources below specified limits;
- persons receiving care under home and community-based services waivers; and
- recipients of State supplementary payments.

Medicaid is available only for low-income persons in these categories. Persons not fitting into one of these categories cannot qualify for assistance (even as medically needy) no matter how low their income or assets. Some States use State-only money to fund medical assistance programs for low-income persons excluded from Medicaid.

Medically Needy Eligibility Groups:

The option to have a "medically needy" program allows States to extend Medicaid eligibility to additional qualified persons who may have too much income or resources to qualify under the mandatory or optional groups described above. This option allows them to "spend down" to Medicaid eligibility by incurring medical and/or remedial care expenses to offset their excess income, thereby reducing it to a level below the maximum allowed by that State's Medicaid plan. States may also allow families to establish eligibility for medically needy coverage by paying monthly premiums to the State in an amount equal to the difference between family income (reduced by unpaid expenses, if any, incurred for medical care in previous months) and the income eligibility standard.

States may choose to cover some but not all categories of eligibles as medically needy. States which elect to include any medically needy under their plans are required to include certain children under age 18 and pregnant women. States may choose to provide coverage to other medically needy persons: aged, blind, and/or disabled persons; certain relatives of children deprived of parental support and care; and certain other financially eligible children up to age 21.

Amplification on Medicaid Eligibility

Once eligibility for Medicaid is determined, coverage may be retroactive to any or all of the 3 months prior to application if the individual would have been eligible during the 3-month retroactive period. Coverage generally stops at the end of the month in which a person no longer meets eligibility criteria.

In determining whether a person's income and assets are within the standards for an eligibility group, States are generally required to use the methods of either the AFDC or SSI programs. However, States may use more restrictive methods for certain groups of aged, blind or disabled applicants under section 1902(f) of the Act. Also, within certain restrictions States may use more liberal methods under section 1902(r)(2) of the Act, in effect, allowing States to cover certain groups with more income or assets than the statute allows.

Significant changes were made in the Medicare Catastrophic Coverage Act (MCCA) of 1988 which affected Medicaid. Although much of the MCCA was repealed, the portions affecting Medicaid remain in effect. Changes in the law accelerated Medicaid eligibility for some nursing home patients by protecting more income and assets for the institutionalized person's spouse at home. Before an institutionalized person's monthly income is used to pay for the cost of institutional care, an amount is deducted to bring the income of the community spouse up to a moderate income level.

Scope of Medicaid Services

Title XIX of the Act requires that in order to receive Federal matching funds, certain basic services must be offered to the categorically needy population in any State's program:

- Inpatient hospital services;
- outpatient hospital services;
- rural health clinic services and any other ambulatory services offered by a rural health clinic that are otherwise covered under the State plan;
- federally-qualified health center services and any other ambulatory services offered by a federally-qualified health center that are otherwise covered under the State plan;
- laboratory and x-ray services;
- nursing facility (NF) services for individuals aged 21 or older. (A nursing facility is an institution or distinct part of an institution which is primarily engaged in providing to residents: nursing care and related services, rehabilitation services, or health related care, and services (above the level of room and board) which can be made available only in an institutional facility. The facility must have in effect a transfer agreement with one or more hospitals and must meet Medicaid participation requirements. (See section 1919(a) of the Act.);
- early and periodic screening, diagnostic, and treatment (EPSDT) services for children under age 21;
- family planning services;
- physician services;

- home health care for persons eligible for nursing services;
- medical and surgical dental services;
- nurse-midwife services; and
- pediatric and family nurse practitioner services.

If a State chooses to include the medically needy population, the State plan must provide, as a minimum, the following services to those medically needy individuals indicated:

- Prenatal care and delivery services for pregnant women;
- ambulatory services to individuals under age 18 and individuals entitled to institutional services;
- home health services to individuals entitled to nursing facility services; and
- if the State plan includes services either in institutions for mental diseases or in intermediate care facilities for the mentally retarded (ICFs/MR), it must offer either of the following to each of the medically needy groups: the services contained in 42 CFR sections 440.10 through 440.50 and 440.165 (to the extent that nurse-midwives are authorized to practice under State law or regulations); or the services contained in any seven of the sections in 42 CFR 440.10 through 440.165. (An ICF is an institution furnishing health-related care and services to individuals who do not require the degree of care provided by hospitals or nursing facilities as defined under title XIX of the Act.)

States may also receive Federal funding if they elect to provide other optional services. Some of the most commonly covered optional services under the Medicaid program include:

- Clinic services,
- nursing facility services for the aged in an institution for mental diseases,
- ICF/MR services,
- optometrist services and eyeglasses,
- prescribed drugs,
- prosthetic devices, and
- dental services.

States may now provide home and community-based care to certain individuals who are either medically needy or eligible for Medicaid due to receipt of SSI benefits, who have limitations in specified activities of daily living (e.g., toileting, transferring, and eating), and are at least 65 years of age. The services to be provided to these persons may include personal care services, chore services, respite care services, adult day care, homemaker/home health aide, training for family members, and nursing services.

Another option allows up to eight States (as a demonstration project) to establish and provide community-supported living arrangement services for individuals with mental retardation or a related condition.

Sufficiency of Amount and Duration of Medicaid Services

Within broad Federal guidelines, States determine the amount, duration, and scope of services offered under their Medicaid programs. The amount, duration, and scope of each Medicaid service must be sufficient to reasonably achieve its purpose. States may place limits on a Medicaid service using criteria such as medical necessity or utilization control. For example, States may place a reasonable limit on the number of covered physician visits or may require prior authorization to be obtained prior to service delivery.

Health care services identified under the EPSDT program as being "medically necessary" for eligible children must be provided by Medicaid, even if those services are not included as part of the covered services in that State's plan.

With certain exceptions, a State's Medicaid plan must allow recipients freedom of choice among health care providers participating in Medicaid. States may provide and pay for Medicaid services through various prepayment arrangements, such as a health maintenance organization (HMO).

States are required to provide comparable services to all categorically needy eligible persons with two exceptions: (1) the persons belong to an eligibility group with a statutorily limited service package, and (2) the persons are receiving services under a HCBS waiver. States may request HCBS "waivers" under which they offer an alternative health care package for persons who would otherwise be institutionalized under Medicaid. States are not limited in the scope of services they can provide under such waivers so long as they are cost effective (except that, other than as a part of respite care, they may not provide room and board for such recipients).

Medicaid - Medicare Relationship

The Medicare program (title XVIII of the Act) provides Hospital Insurance (HI, also known as Part A) and Supplementary Medical Insurance (SMI, also known as Part B). For persons aged 65 or older (and for certain disabled persons) who have insured status under Social Security or Railroad Retirement, coverage for HI is automatic. Medicare beneficiaries may qualify for Medicaid assistance to help pay for some of their Medicare premiums and/or cost-sharing expenses. See Section I: Administration for additional information on this.

Payment for Medicaid Services

Medicaid operates as a vendor payment program, with payments made directly to the providers. (A medical vendor is an institution, agency, organization, or individual practitioner that provides health or medical services to Medicaid recipients.) Providers participating in Medicaid must accept the Medicaid reimbursement level as payment in full. Each State has broad discretion in determining (within federally-imposed upper limits and specific restrictions) the reimbursement methodology and resulting rate for services, with three exceptions: (1) for institutional services, payment may not exceed

amounts that would be paid under Medicare payment rates; (2) for disproportionate share hospitals (DSHs), rates are not bound by the Medicare upper limit; and (3) for hospice care services, rates cannot be lower than Medicare rates.

States may impose nominal deductibles, coinsurance, or copayments on some Medicaid recipients for certain services. Emergency services and family planning services are exempt from such copayments. Certain Medicaid recipients must be excluded from this cost sharing: pregnant women, children under age 18, hospital or nursing home patients who are expected to contribute most of their income to institutional care, and categorically needy HMO enrollees.

The amount of total Federal outlays for Medicaid has no set limit (cap); rather, the Federal government must match (at a predetermined percentage) whatever the individual State decides to provide, within the law, for its eligible recipients. However, reimbursement rates must be sufficient to enlist enough providers so that Medicaid care and services are available under the plan at least to the extent that such care and services are available to the general population in that geographic area. Also, States must augment payment to qualified hospitals that provide inpatient services to a disproportionate number of Medicaid recipients and/or other low-income persons.

The portion of the costs of services in the Medicaid program which is paid by the Federal government, known as the Federal Medical Assistance Percentage (FMAP), is determined annually for each State by a formula that compares the State's average per capita income level with the national average. By law, the FMAP cannot be lower than 50 percent nor greater than 83 percent. The wealthier States have a smaller share of their program costs reimbursed. The Federal government also shares in the State's expenditures for administration of the Medicaid program. Most administrative costs are matched at 50 percent for all States. However, depending on the complexities and need for incentives for a particular service, higher matching rates (75, 90, and 100 percent) are authorized by law for certain functions and activities.

Medicaid Trends

Initially, Medicaid was a medical care extension of federally-funded income maintenance programs for the poor, with an emphasis on dependent children and their mothers. Over time, however, Medicaid has been diverging from a firm tie to eligibility for cash programs. Recent legislation ensures Medicaid coverage to an expanded number of low-income pregnant women, poor children, and some Medicare beneficiaries who are not eligible for any cash assistance program, and who would not have been eligible for Medicaid under earlier Medicaid rules. Legislative changes focus on enhanced outreach toward specific groups of pregnant women and children, increased access to care, and improved quality of care. Legislation also continued specific benefits beyond the normal run of Medicaid eligibility and placed some restrictions on States' ability to limit some services.

Continued growth in Medicaid expenditures seems primarily due to:

- The increase in rates of payments to providers of medical and health services, when compared to general inflation;

- the results of technological advances to keep more very low birth-weight babies and other critically ill or severely injured persons alive, but in need of continuing very expensive care;
- the increase in the numbers of very old and disabled persons requiring extensive acute and/or long term health care and related services; and
- the increase in the size of the Medicaid-covered populations (a result of the economic recession and Federal mandates).

Federal outlays for the Medicaid program have increased 67 percent in the last 2 years. Total outlays for the Medicaid program in 1992 were \$115.9 billion. The rate of growth for the existing program is now projected to be 13.8 percent per year between 1992 and 1998. If current expenditure trends continue, and there are no significant changes to the Medicaid program, total payments (Federal and State) for the Medicaid program may well exceed \$250 billion by 1998 and \$359 billion by the year 2000.

DATA PRESENTED IN THE NATIONAL TABLES

The national tables are samples of the wide range of Medicaid State program comparisons that spDATA can produce. Data presented in the national tables represent selected Medicaid program characteristics rather than a reiteration of entire State plans. State plan characteristics are selected which best identify common features or highlight differences among the programs. Data in this report:

- Are based on the approved State plan and SPAs effective December 31, 1993, except for OB/PEDS, HCBS waivers, and managed care data which are effective July 1, 1993, and
- are included if a pending SPA had a proposed effective date of December 31, 1993 or before (or in the case of OB/PEDS, HCBS waivers, and managed care had a proposed effective date of July 1, 1993 or before). Information in the national tables which is based on data extracted from a pending SPA is denoted by an asterisk (*).

The spDATA System will generate data for the national tables or a variety of other comparisons that are current to the day the report is produced.

In order to provide a more complete picture of the Medicaid program, the spDATA system includes data from sources outside of the Medicaid State plan and SPAs. For example, the national tables in the HCBS Waiver section contains data from approved waivers, the Managed Care Enrollment section contains data from HCFA's *Medicaid Management Care Enrollment* report, and the Non-Institutional and Institutional Reimbursement sections include data on disproportionate share funding sources and donations and taxes programs that are reported by the States. Data taken from sources outside of the State plan are identified in footnotes on the tables.

This compilation of spDATA System Medicaid State plan characteristics and national tables will be updated.

The sequence of tables in this report corresponds to the location of the data in the State plans. Important terms found in the tables are defined in the narrative preceding the tables. Definitions for all of the terms are not provided. For additional definitions, consult the "State Medicaid Manual" located in your Medicaid State agency or HCFA RO.

Section 1: Administration of the State Medicaid Programs

Table 1-1.	Medicaid Coordination With Other Insurance Programs: Premiums, Deductibles, and Coinsurance	20
Table 1-2.	Recipient Cost-Sharing Policies	27

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SECTION I: ADMINISTRATION OF STATE MEDICAID PROGRAMS

These data are abstracted from sections 1-4, 6 and 7, attachments 2.2-A, 4.18, 4.18-A through 4.18-E, and supplement 1 to attachment 4.19-B of the State plan.

Administration sections in the Medicaid State plan cover a broad range of topics under the general headings of: single State agency organization, coverage and eligibility, groups covered, agencies responsible for eligibility determination, general provisions of services, general program administration, personnel administration, financial administration, and general provisions. Eventually the spDATA System will capture data on all of the above topics. At this time, however, only two of these topics (Medicaid coordination with other insurance programs and recipient cost-sharing policies) are included in the national tables.

Table 1-1 presents data on Medicaid coordination with other insurance programs. Medicaid regulations require States to coordinate benefits and service payments with other public and private insurance coverage. The scope of medical care available under a State's Medicaid plan varies from State to State. Moreover, those plans may not provide coverage which is identical to the services covered under the Medicare statute. If, however, a particular medical service is covered under both the State plan and under Medicare, the Medicare program is financially liable before the State Medicaid agency. Other sources of third party payment include private health insurance (through an employer or through the policy of another family member), automobile or other liability insurance, workers' compensation, and absent parents' medical support payments.

A system for investigating third party claims must be in place in each State and integrated into the State's Medicaid Management Information System (MMIS).

Dual Eligibility: The State Medicaid agency may pay SMI (Part B) or HI (Part A) premiums for some Medicaid recipients who are entitled to Medicare. This allows Medicare beneficiaries who cannot afford the premiums to continue to maintain full or partial Medicare coverage. These individuals are regular Medicaid recipients who are entitled to Medicare. Their Medicaid coverage and payment supplements Medicare by providing health care services and payments that are available under the State's Medicaid program, which may or may not be provided under Medicare. Because each State selects the health care provided to Medicaid recipients, the types of covered services vary by State, but may include health care services (such as eyeglasses, hearing aids, and nursing facility care beyond the limits covered by Medicare).

Some individuals may qualify to receive assistance in getting or keeping Medicare coverage. The eligibility groups who qualify are:

- Qualified Medicare Beneficiaries (QMBs). These are Medicare HI beneficiaries who have income that does not exceed the Federal poverty level (FPL) and have resources that do not exceed twice the SSI limit. The State Medicaid program must pay certain Medicare cost-sharing obligations including Part A premiums, Part B premiums, coinsurance, and deductibles. An individual may be a QMB and also be eligible for Medicaid coverage and payments (i.e., age 65 SSI recipients). In addition to the benefits provided to QMBs, an individual may be eligible for additional Medicaid services covered under the State's Medicaid plan.

- Qualified Disabled and Working Individuals (QDWIs). Certain formerly disabled persons who lost Medicare benefits because of their return to work are allowed to purchase Medicare HI coverage. The State Medicaid program must pay the HI premium for those individuals entitled to enroll in HI under section 1818A of the Act, if their income does not exceed 200 percent of the FPL, their resources do not exceed twice the SSI limit, and they are not otherwise eligible for Medicaid benefits.
- Specified Low-Income Medicare Beneficiaries (SLMBs) (to be added to Table 1-1 in the near future). These are Medicare beneficiaries who would meet the QMB requirements, except for having income in excess of the QMB limit but less than 110 percent of FPL in 1994, and less than 120 percent of FPL in 1995. The State Medicaid program must pay the Medicare SMI premium for these individuals.

Other terms on Table 1-1 are discussed below.

Buy-in agreement means an agreement authorized by section 1843 of the Act, under which a State secures SMI or HI coverage for individuals who are members of the buy-in group specified in the agreement, by enrolling them and paying the premiums on their behalf (42 CFR 407.40(b)).

Premiums for HMO enrollment: Under this agreement, the HMO agrees to make certain services available to specified recipients in return for a fixed periodic payment, usually issued monthly by the Medicaid program on behalf of the recipient. These payments (capitation payments) are based on projected costs of services for a typical patient.

Title II is the Federal Old-Age, Survivors, and Disability Insurance Benefits program.

RRB is the Railroad Retirement Board.

Deductible--A deductible is the amount of expense that must be incurred by an insured or otherwise covered individual before an insurer will assume any liability for all or part of the remaining costs of covered services.

Coinsurance--Coinsurance is a cost-sharing requirement under a health insurance policy which provides that the insured will assume a portion or percentage of the costs of covered services. Under Medicare, it is the portion of reimbursable hospital and medical expenses, after subtracting any deductible that Medicare does not cover.

States may pay the premiums on certain types of insurance coverage if they are considered cost effective. That is, Medicaid payment for the premiums is less than what Medicaid would have paid directly for the services.

Medicaid must pay all premiums, coinsurance, deductibles, and other cost-sharing responsibilities which have been determined to be cost effective for Medicaid-eligible beneficiaries who are enrolled in an employer group health plan. Beneficiaries may be required to enroll in such plans as a condition of eligibility.

Table 1-2 identifies recipient cost-sharing policies. With certain exceptions, States may require Medicaid recipients to contribute toward the cost of their care through nominal cost sharing. Services may not be denied to Medicaid recipients because of an inability to pay cost sharing.

Agency--For the purposes of this report, agency means Medicaid single State agency.

HCFA STATE PROFILE DATA SYSTEM
 MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
 PREMIUMS, DEDUCTIBLES, AND COINSURANCE
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

	AL	AK	AZ	AR	CA	CO	CT	DE
<< PREMIUMS >>								
MEDICARE PART A AND PART B								
QMBS								
PART A GROUP PAYMENT	N	N	Y	N	N*	Y	N*	N
PART A BUY-IN AGREEMENT	Y	Y	N	Y	Y*	N	Y*	Y
PART B BUY-IN AGREEMENT	Y	Y	Y	Y	Y*	Y	Y*	Y
OTHER ARRANGEMENT	N	N	N	N	N	N	N*	N
PREMIUMS FOR HMO ENROLLMENT	N	N	N	N	N	N	Y*	N
QDWS								
PART A GROUP PAYMENT	Y	N	Y	Y	Y	Y	Y*	N
OTHER METHOD FOR PART A PAYMENT	N	Y	N	N	N	N	N*	N
OTHERS ELIGIBLE FOR MEDICARE PART B								
ALL INDIVIDUALS LISTED IN								
42 CFR 431.625	Y	Y	Y	Y	Y	Y	Y*	N
INDIVIDUALS RECEIVING TITLE-II OR RRB	N	N	N	N	Y	N	N*	N
MEDICALLY NEEDY	N	N	N	N	Y	N	N*	N
PAYMENT FOR DEDUCTIBLES AND								
COINSURANCE LIMITED TO PLAN	Y	N	N	N	N	Y	N*	N
SERVICES								
OTHER HEALTH INSURANCE								
PREMIUMS PAID IF COST-EFFECTIVE	Y	Y	Y	Y	Y	Y	Y*	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND								
OTHER COST SHARING PAID FOR COST-								
EFFECTIVE EMPLOYER GROUP PLANS	Y	Y	Y	Y	Y	Y	Y	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS	N	N	Y	Y	N	N	N	N
USED								
<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>								
MEDICARE PARTS A AND B								
QMBS	Y	Y	Y	Y	Y	Y	Y*	Y
DUAL ELIGIBLES	Y	Y	N	Y	Y	Y	Y*	N
OTHER ELIGIBLES								
FULL RANGE OF SERVICES UNDER MEDICARE	N	N	N	Y	Y	N	Y*	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER								
THE PLAN	Y	Y	N	N	N	Y	N*	N
<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>								
PLAN DESCRIBES RATES AND METHODS	Y	Y	N	Y	Y	Y	Y	N
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y	N	N	N	N	N	N	N
MEDICARE RATE	N	Y	N	Y	N	Y	Y	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y	N	N	N	Y	Y	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 U = UNAVAILABLE

	DC	FL	GA	HI	ID	IL	IN	IA
<< PREMIUMS >>								
MEDICARE PART A AND PART B								
QMBS								
PART A GROUP PAYMENT	N	N	Y	N	N	Y	N	N
PART A BUY-IN AGREEMENT	Y	Y	N	Y	Y	N	Y	Y
PART B BUY-IN AGREEMENT	Y	N	Y	Y	Y	Y	Y	Y
OTHER ARRANGEMENT	N	N	N	Y	N	N	N	N
PREMIUMS FOR HMO ENROLLMENT	Y	N	N	N	N	N	N	N
QDWIS								
PART A GROUP PAYMENT	Y	Y	Y	Y	Y	Y	Y	Y
OTHER METHOD FOR PART A PAYMENT	N	N	N	N	N	N	N	N
OTHERS ELIGIBLE FOR MEDICARE PART B								
ALL INDIVIDUALS LISTED IN								
42 CFR 431.625	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	Y	Y	N	N	N	N	Y	Y
MEDICALLY NEEDY	Y	N	N	Y	N	N	Y	Y
PAYMENT FOR DEDUCTIBLES AND								
COINSURANCE LIMITED TO PLAN	Y	Y	Y	N	N	Y	Y	N
SERVICES								
OTHER HEALTH INSURANCE								
PREMIUMS PAID IF COST-EFFECTIVE	Y*	N	N	Y	Y	N	Y	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND								
OTHER COST SHARING PAID FOR COST-	Y*	N	N	Y	Y	N	Y	Y
EFFECTIVE EMPLOYER GROUP PLANS	N*	N	N	N	Y	N	N	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS								
USED								
<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>								
MEDICARE PARTS A AND B								
QMBS	Y	Y	Y	Y	Y	Y	Y	Y
DUAL ELIGIBLES	Y	Y	Y	Y	Y	Y	Y	Y
OTHER ELIGIBLES								
FULL RANGE OF SERVICES UNDER MEDICARE	Y	N	N	Y	Y	N	Y	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER	N	Y	Y	N	N	Y	N	N
THE PLAN								
<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>								
PLAN DESCRIBES RATES AND METHODS	Y	Y	Y	Y	Y	Y	Y	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N	Y	N	N	N	N	N	N
MEDICARE RATE	Y	N	Y	Y	Y	Y	Y	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N	N	N	Y	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 U = UNAVAILABLE

TABLE 1-1.

HCFA STATE PROFILE DATA SYSTEM
 MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
 PREMIUMS, DEDUCTIBLES, AND COINSURANCE
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
<< PREMIUMS >>								
MEDICARE PART A AND PART B								
QMB								
PART A GROUP PAYMENT	Y	N	Y	N	U	N	N	N
PART A BUY-IN AGREEMENT	N	Y	N	Y	U	Y	Y	Y
PART B BUY-IN AGREEMENT	Y	Y	Y	Y	U	Y	Y	Y
OTHER ARRANGEMENT	N	N	N	N	U	N	N	N
PREMIUMS FOR HMO ENROLLMENT	N	N	N	N	U	N	N	N
QDWIS								
PART A GROUP PAYMENT	Y	Y	Y	N	U	Y	N	Y
OTHER METHOD FOR PART A PAYMENT	N	N	N	Y	U	N	N	N
OTHERS ELIGIBLE FOR MEDICARE PART B								
ALL INDIVIDUALS LISTED IN								
42 CFR 431.625								
INDIVIDUALS RECEIVING TITLE-II OR RRB	Y	Y	Y	Y	Y	Y	Y	Y
MEDICALLY NEEDY	N	N	N	N	Y	N	Y	Y
PAYMENT FOR DEDUCTIBLES AND	Y	N	N	N	Y	Y	Y	Y
COINSURANCE LIMITED TO PLAN								
SERVICES	Y	N	Y	N	N	N	N	Y
OTHER HEALTH INSURANCE								
PREMIUMS PAID IF COST-EFFECTIVE	Y	N	N	Y	U	N	N	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND								
OTHER COST SHARING PAID FOR COST-								
EFFECTIVE EMPLOYER GROUP PLANS	Y	N	Y*	Y	U	Y	N	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS								
USED	Y	N	N*	N	U	N	N	N
<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>								
MEDICARE PARTS A AND B								
QMB								
DUAL ELIGIBLES	Y	Y	Y	Y	Y	Y	Y	Y
OTHER ELIGIBLES								
FULL RANGE OF SERVICES UNDER MEDICARE	N	Y	N	Y	Y	N	Y	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER								
THE PLAN	Y	N	Y	N	N	Y	N	Y
<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>								
PLAN DESCRIBES RATES AND METHODS	Y	N	Y	Y	Y	Y	Y	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y	N	N	N	N	Y	Y	Y
MEDICARE RATE	N	Y	Y	Y	Y	Y	Y	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y	N	N	Y	Y	Y	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 U = UNAVAILABLE

TABLE 1-1.

HCFA STATE PROFILE DATA SYSTEM
 MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
 PREMIUMS, DEDUCTIBLES, AND COINSURANCE
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 7

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- MS - - MO - - MT - - NE - - NV - - NH - - NJ - - NM -

=====

<< PREMIUMS >>

MEDICARE PART A AND PART B

QMBS

PART A GROUP PAYMENT
 PART A BUY-IN AGREEMENT
 PART B BUY-IN AGREEMENT
 OTHER ARRANGEMENT
 PREMIUMS FOR HMO ENROLLMENT

QDWIS

PART A GROUP PAYMENT
 OTHER METHOD FOR PART A PAYMENT

OTHERS ELIGIBLE FOR MEDICARE PART B

ALL INDIVIDUALS LISTED IN

42 CFR 431.625

INDIVIDUALS RECEIVING TITLE-II OR RRB
 MEDICALLY NEEDY
 PAYMENT FOR DEDUCTIBLES AND
 COINSURANCE LIMITED TO PLAN
 SERVICES

OTHER HEALTH INSURANCE

PREMIUMS PAID IF COST-EFFECTIVE
 PREMIUMS, COINSURANCE, DEDUCTIBLES AND
 OTHER COST SHARING PAID FOR COST-
 EFFECTIVE EMPLOYER GROUP PLANS
 SECRETARY'S METHOD OF COST-EFFECTIVENESS
 USED

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B

QMBS

DUAL ELIGIBLES

OTHER ELIGIBLES
 FULL RANGE OF SERVICES UNDER MEDICARE
 ONLY SERVICES OTHERWISE AVAILABLE UNDER
 THE PLAN

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS
 OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS
 MEDICARE RATE
 SPECIAL RATE OR METHOD SPECIFIED IN PLAN

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 U = UNAVAILABLE

TABLE 1-1.

HCFA STATE PROFILE DATA SYSTEM
 MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
 PREMIUMS, DEDUCTIBLES, AND COINSURANCE
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 7

	NY	NC	ND	OH	OK	OR	PA	RI
<< PREMIUMS >>								
MEDICARE PART A AND PART B								
QMBS								
PART A GROUP PAYMENT	N	Y	N	N	Y	Y	N	N
PART A BUY-IN AGREEMENT	Y	N	Y	Y	N	N	Y	Y
PART B BUY-IN AGREEMENT	Y	Y	Y	Y	Y	Y	Y	Y
OTHER ARRANGEMENT	N	N	N	N	N	N	N	N
PREMIUMS FOR HMO ENROLLMENT	Y	N	N	N	N	N	N	N
QDWIS								
PART A GROUP PAYMENT	Y	Y	Y	N	Y	Y	Y	U
OTHER METHOD FOR PART A PAYMENT	N	N	N	Y	N	N	N	U
OTHERS ELIGIBLE FOR MEDICARE PART B								
ALL INDIVIDUALS LISTED IN								
42 CFR 431.625	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N	N	N	N	N	N	Y	N
MEDICALLY NEEDY	N	N	N	N	Y	N	Y	N
PAYMENT FOR DEDUCTIBLES AND								
COINSURANCE LIMITED TO PLAN	Y	Y	N	Y	Y	N	Y	N
SERVICES								
OTHER HEALTH INSURANCE								
PREMIUMS PAID IF COST-EFFECTIVE	Y*	N	Y	Y	N	Y	N	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND								
OTHER COST SHARING PAID FOR COST-	Y*	N	Y	Y	N	Y	N	U
EFFECTIVE EMPLOYER GROUP PLANS	N*	N	N	N	N	N	N	U
SECRETARY'S METHOD OF COST-EFFECTIVENESS								
USED								
<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>								
MEDICARE PARTS A AND B								
QMBS	Y	Y	Y	Y	Y	Y	Y	Y
DUAL ELIGIBLES	Y	Y	Y	Y	Y	Y	Y	Y
OTHER ELIGIBLES								
FULL RANGE OF SERVICES UNDER MEDICARE	N	Y	Y	Y	N	N	Y	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER	Y	N	N	N	Y	Y	N	Y
THE PLAN								
<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>								
PLAN DESCRIBES RATES AND METHODS	Y	Y	Y	N	Y	Y	N	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N	N	N	N	Y	Y	Y	Y
MEDICARE RATE	Y	Y	Y	Y	N	N	N	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N	N	N	N	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 U = UNAVAILABLE

TABLE 1-1.

HCFA STATE PROFILE DATA SYSTEM
 MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
 PREMIUMS, DEDUCTIBLES, AND COINSURANCE
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 7

	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
<< PREMIUMS >>								
MEDICARE PART A AND PART B								
QMBS	Y	N	N	N	Y	N	Y	N
PART A GROUP PAYMENT	N	Y	Y	Y	N	Y	N	Y
PART A BUY-IN AGREEMENT	Y	Y	Y	Y	Y	Y	Y	Y
PART B BUY-IN AGREEMENT	N	N	N	N	N	N	N	N
OTHER ARRANGEMENT	N	N	N	N	N	N	N	N
PREMIUMS FOR HMO ENROLLMENT	Y	Y	Y	Y	Y	Y	Y	Y
QDWIS	N	N	N	N	N	N	N	N
PART A GROUP PAYMENT	Y	Y	Y	Y	Y	Y	Y	Y
OTHER METHOD FOR PART A PAYMENT	N	N	N	N	N	N	N	N
OTHERS ELIGIBLE FOR MEDICARE PART B								
ALL INDIVIDUALS LISTED IN								
42 CFR 431.625	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N	N	N	N	N	N	N	N
MEDICALLY NEEDY	N	N	N	N	N	N	N	N
PAYMENT FOR DEDUCTIBLES AND								
COINSURANCE LIMITED TO PLAN	N	N	Y	Y	N	N	Y	N
SERVICES								
OTHER HEALTH INSURANCE	Y	Y	N	N	Y	Y	N	Y
PREMIUMS PAID IF COST-EFFECTIVE								
PREMIUMS, COINSURANCE, DEDUCTIBLES AND	Y	Y	Y	Y*	Y	Y	N	Y
OTHER COST SHARING PAID FOR COST-								
EFFECTIVE EMPLOYER GROUP PLANS	N	Y	N	N	N	N	N	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS								
USED								
<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>								
MEDICARE PARTS A AND B								
QMBS	Y	Y	Y	Y	Y	Y	Y	Y
DUAL ELIGIBLES	Y	Y	Y	Y	Y	Y	Y	Y
OTHER ELIGIBLES								
FULL RANGE OF SERVICES UNDER MEDICARE	N	Y	N	N	Y	Y	N	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER								
THE PLAN	N	N	Y	Y	N	N	Y	N
<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>								
PLAN DESCRIBES RATES AND METHODS	N	Y	Y	Y	Y	Y	Y	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N	N	Y	Y	N	N	Y	N
MEDICARE RATE	Y	Y	Y	N	Y	N	N	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N	N	Y	Y	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 U = UNAVAILABLE

<< PREMIUMS >>

MEDICARE PART A AND PART B

QMBS

PART A GROUP PAYMENT

PART A BUY-IN AGREEMENT

PART B BUY-IN AGREEMENT

OTHER ARRANGEMENT

PREMIUMS FOR HMO ENROLLMENT

QDWIS

PART A GROUP PAYMENT

OTHER METHOD FOR PART A PAYMENT

OTHERS ELIGIBLE FOR MEDICARE PART B

ALL INDIVIDUALS LISTED IN

42 CFR 431.625

INDIVIDUALS RECEIVING TITLE-II OR RRB

MEDICALLY NEEDY

PAYMENT FOR DEDUCTIBLES AND

COINSURANCE LIMITED TO PLAN

SERVICES

OTHER HEALTH INSURANCE

PREMIUMS PAID IF COST-EFFECTIVE

PREMIUMS, COINSURANCE, DEDUCTIBLES AND

OTHER COST SHARING PAID FOR COST-

EFFECTIVE EMPLOYER GROUP PLANS

SECRETARY'S METHOD OF COST-EFFECTIVENESS

USED

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B

QMBS

DUAL ELIGIBLES

OTHER ELIGIBLES

FULL RANGE OF SERVICES UNDER MEDICARE

ONLY SERVICES OTHERWISE AVAILABLE UNDER

THE PLAN

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS

OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS

MEDICARE RATE

SPECIAL RATE OR METHOD SPECIFIED IN PLAN

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

TABLE 1-2.

HCFA STATE PROFILE DATA SYSTEM
 RECIPIENT COST-SHARING POLICIES
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 7

 - AL - - AK - - AZ - - AR - - CA - - CO - - CT - - DE -

<< CHARGES ARE IMPOSED ON: >>

CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS
 ALL INDIVIDUALS (AGE) OR OLDER
 REASONABLE CATEGORIES OF INDIVIDUALS
 (AGE) OR OLDER
 PREGNANT WOMEN AND INFANTS WITH INCOME OVER
 150% OF FPL
 FAMILIES ON EXTENDED MEDICAID FOR
 SECOND 6-MONTH PERIOD
 QUALIFIED DISABLED WORKING INDIVIDUALS

MEDICALLY NEEDY
 ALL INDIVIDUALS (AGE) OR OLDER
 REASONABLE CATEGORIES OF INDIVIDUALS
 (AGE) OR OLDER

NON-PREGNANCY RELATED SERVICES PROVIDED TO
 PREGNANT WOMEN:
 CATEGORICALLY NEEDY AND IN OTHER SPECIAL
 GROUPS
 MEDICALLY NEEDY

SERVICES PROVIDED BY HMOS

<< CHARGES ARE COLLECTED BY: >>

PROVIDERS
 CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS
 MEDICALLY NEEDY
 THE AGENCY
 CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS
 MEDICALLY NEEDY

<< STATE OR LOCAL FUNDS ARE USED FOR: >>

LOW-INCOME PREGNANT WOMEN
 QUALIFIED DISABLED WORKING INDIVIDUALS
 MEDICALLY NEEDY

<< OTHER POLICIES >>

NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY
 WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-
 EMERGENCY SERVICES PROVIDED IN HOSPITAL
 EMERGENCY ROOMS

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 U = UNAVAILABLE

TABLE 1-2.

HCFA STATE PROFILE DATA SYSTEM
 RECIPIENT COST-SHARING POLICIES
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 7

- DC - - FL - - GA - - HI - - ID - - IL - - IN - - IA -

<< CHARGES ARE IMPOSED ON: >>

CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS
 ALL INDIVIDUALS (AGE) OR OLDER
 REASONABLE CATEGORIES OF INDIVIDUALS
 (AGE) OR OLDER
 PREGNANT WOMEN AND INFANTS WITH INCOME OVER
 150% OF FPL
 FAMILIES ON EXTENDED MEDICAID FOR
 SECOND 6-MONTH PERIOD
 QUALIFIED DISABLED WORKING INDIVIDUALS

MEDICALLY NEEDY
 ALL INDIVIDUALS (AGE) OR OLDER
 REASONABLE CATEGORIES OF INDIVIDUALS
 (AGE) OR OLDER

NON-PREGNANCY RELATED SERVICES PROVIDED TO
 PREGNANT WOMEN:
 CATEGORICALLY NEEDY AND IN OTHER SPECIAL
 GROUPS
 MEDICALLY NEEDY

SERVICES PROVIDED BY HMOS

<< CHARGES ARE COLLECTED BY: >>

PROVIDERS
 CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS
 MEDICALLY NEEDY
 THE AGENCY
 CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS
 MEDICALLY NEEDY

<< STATE OR LOCAL FUNDS ARE USED FOR: >>

LOW-INCOME PREGNANT WOMEN
 QUALIFIED DISABLED WORKING INDIVIDUALS
 MEDICALLY NEEDY

<< OTHER POLICIES >>

NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY

WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-
 EMERGENCY SERVICES PROVIDED IN HOSPITAL
 EMERGENCY ROOMS

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 U = UNAVAILABLE

TABLE 1-2.

 RECIPIENT COST-SHARING POLICIES
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

	KS	KY	LA	ME	MD	MA	MI	MN
<< CHARGES ARE IMPOSED ON: >>								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS								
ALL INDIVIDUALS (AGE) OR OLDER	Y	N	N	Y	N	Y	Y	N
REASONABLE CATEGORIES OF INDIVIDUALS	18	N	N	21	N	19	21	N
(AGE) OR OLDER	N	N	N	N	N	N	N	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER	N	N	N	N	N	N	N	N
150% OF FPL	N	N	N	N	N	N	N	N
FAMILIES ON EXTENDED MEDICAID FOR	N	N	N	Y	N	N	Y	N
SECOND 6-MONTH PERIOD	N	N	N	N	N	N	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N	N	N	N	N	N	N	N
MEDICALLY NEEDY	Y	N	N	Y	N	Y	Y	N
ALL INDIVIDUALS (AGE) OR OLDER	18	N	N	21	N	19	21	N
REASONABLE CATEGORIES OF INDIVIDUALS	N	N	N	N	N	N	N	N
(AGE) OR OLDER	N	N	N	N	N	N	N	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO								
PREGNANT WOMEN:								
CATEGORICALLY NEEDY AND IN OTHER SPECIAL	Y	N	N	N	N	N	Y	N
GROUPS	Y	N	N	N	N	N	Y	N
MEDICALLY NEEDY	Y	N	N	N	N	N	N	N
SERVICES PROVIDED BY HMOS								
<< CHARGES ARE COLLECTED BY: >>								
PROVIDERS								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y	N	N	Y	N	Y	Y	N
MEDICALLY NEEDY	Y	N	N	Y	N	Y	Y	N
THE AGENCY								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N	N	N	N	N	N	N	N
MEDICALLY NEEDY	N	N	N	N	N	N	N	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>								
LOW-INCOME PREGNANT WOMEN	N	Y	N	N	N	N	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N	Y	N	N	N	N	N	N
MEDICALLY NEEDY	N	Y	N	N	N	N	N	N
<< OTHER POLICIES >>								
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N	N	N	N	N	N	N	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-								
EMERGENCY SERVICES PROVIDED IN HOSPITAL	U	N	N	N	N	N	N	N
EMERGENCY ROOMS								

 * = DATA BASED ON PENDING STATE PLAN AMENDMENT
 U = UNAVAILABLE

	MS	MO	MT	NE	NV	NH	NJ	NM
<< CHARGES ARE IMPOSED ON: >>								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS								
ALL INDIVIDUALS (AGE) OR OLDER	N	Y	Y	N	Y	Y	N	N
REASONABLE CATEGORIES OF INDIVIDUALS	N	18	21	N	N	N	N	N
(AGE) OR OLDER	N	N	N	N	19	18	N	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N	N	N	N	N	N	N	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N	N	N	N	Y	N	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N	N	N	N	Y	N	N	N
MEDICALLY NEEDY	N	N	Y	N	N	N	N	N
ALL INDIVIDUALS (AGE) OR OLDER	N	N	21	N	N	N	N	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N	N	N	N	N	N	N	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:								
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N	Y	N	N	N	N	N	N
MEDICALLY NEEDY	N	N	N	N	N	N	N	N
SERVICES PROVIDED BY HMOS	N	N	N	N	N	N	N	N
<< CHARGES ARE COLLECTED BY: >>								
PROVIDERS								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N	Y	Y	N	N	Y	N	N
MEDICALLY NEEDY	N	N	Y	N	N	Y	N	N
THE AGENCY								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N	N	N	N	N	N	N	N
MEDICALLY NEEDY	N	N	N	N	N	N	N	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>								
LOW-INCOME PREGNANT WOMEN	N	N	N	N	N	N	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N	N	N	N	N	N	N	N
MEDICALLY NEEDY	N	N	N	N	N	N	N	N
<< OTHER POLICIES >>								
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N	N	N	N	U	N	N	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL								
EMERGENCY ROOMS	N	N	N	N	N	N	N	N

HCFA STATE PROFILE DATA SYSTEM
 RECIPIENT COST-SHARING POLICIES
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

	NY	NC	ND	OH	OK	OR	PA	RI
<< CHARGES ARE IMPOSED ON: >>								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS								
ALL INDIVIDUALS (AGE) OR OLDER	Y	Y	Y	N	Y	N	Y	Y
REASONABLE CATEGORIES OF INDIVIDUALS	21	N	21	N	21	N	18	U
(AGE) OR OLDER	U	18	N	N	N	N	N	U
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N	N	N	N	N	N	N	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N	N	N	N	N	N	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N	N	N	N	N	N	N	N
MEDICALLY NEEDY	Y	N	Y	N	Y	N	Y	Y
ALL INDIVIDUALS (AGE) OR OLDER	21	N	21	N	21	N	18	U
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	U	N	N	N	N	N	N	U
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:								
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N	Y	N	N	N	N	N	N
MEDICALLY NEEDY	N	Y	N	N	N	N	N	N
SERVICES PROVIDED BY HMOS	N	N	N	N	N	N	Y	N
<< CHARGES ARE COLLECTED BY: >>								
PROVIDERS								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y	Y	Y	N	Y	N	Y	Y
MEDICALLY NEEDY	Y	Y	Y	N	Y	N	Y	Y
THE AGENCY								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N	N	N	N	N	N	N	N
MEDICALLY NEEDY	N	N	N	N	N	N	N	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>								
LOW-INCOME PREGNANT WOMEN	N	N	N	N	N	N	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N	N	N	N	N	N	N	N
MEDICALLY NEEDY	N	N	N	N	N	N	N	N
<< OTHER POLICIES >>								
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N	N	N	N	N	N	N	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 U = UNAVAILABLE

TABLE 1-2.

HCFA STATE PROFILE DATA SYSTEM
 RECIPIENT COST-SHARING POLICIES
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 7

	SC	SD	TN	TX	UT	VT	VA	WA
<< CHARGES ARE IMPOSED ON: >>								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y	Y	Y	N	N	Y	Y	Y
ALL INDIVIDUALS (AGE) OR OLDER	U	18	N	N	N	18	21	N
REASONABLE CATEGORIES OF INDIVIDUALS								
(AGE) OR OLDER	U	N	N	N	N	N	N	21
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N	N	Y	N	N	N	N	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N	Y	N	N	N	N	N	Y
QUALIFIED DISABLED WORKING INDIVIDUALS	N	N	Y	N	N	Y	N	N
MEDICALLY NEEDY								
ALL INDIVIDUALS (AGE) OR OLDER	N	N	N	N	N	N	Y	Y
REASONABLE CATEGORIES OF INDIVIDUALS	N	N	N	N	N	N	21	N
(AGE) OR OLDER	N	N	N	N	N	N	N	21
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:								
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N	Y	Y	N	N	N	Y	N
MEDICALLY NEEDY	N	N	Y	N	N	N	Y	N
SERVICES PROVIDED BY HMOS	N	N	N	N	N	N	N	N
<< CHARGES ARE COLLECTED BY: >>								
PROVIDERS								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y	Y	N	N	N	Y	Y	Y
MEDICALLY NEEDY	N	N	N	N	N	Y	Y	Y
THE AGENCY								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N	N	N	N	N	N	N	N
MEDICALLY NEEDY	N	N	N	N	N	N	N	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>								
LOW-INCOME PREGNANT WOMEN	N	N	Y	N	N	N	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N	N	Y	N	N	N	N	N
MEDICALLY NEEDY	N	N	Y	N	N	N	N	N
<< OTHER POLICIES >>								
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N	N	N	N	N	N	N	Y
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL								
EMERGENCY ROOMS	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 U = UNAVAILABLE

<< CHARGES ARE IMPOSED ON: >>

CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS
ALL INDIVIDUALS (AGE) OR OLDER
REASONABLE CATEGORIES OF INDIVIDUALS
(AGE) OR OLDER
PREGNANT WOMEN AND INFANTS WITH INCOME OVER
150% OF FPL
FAMILIES ON EXTENDED MEDICAID FOR
SECOND 6-MONTH PERIOD
QUALIFIED DISABLED WORKING INDIVIDUALS

MEDICALLY NEEDY
ALL INDIVIDUALS (AGE) OR OLDER
REASONABLE CATEGORIES OF INDIVIDUALS
(AGE) OR OLDER

NON-PREGNANCY RELATED SERVICES PROVIDED TO
PREGNANT WOMEN:
CATEGORICALLY NEEDY AND IN OTHER SPECIAL
GROUPS

MEDICALLY NEEDY

SERVICES PROVIDED BY HMOS

<< CHARGES ARE COLLECTED BY: >>

PROVIDERS
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS
MEDICALLY NEEDY
THE AGENCY
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS
MEDICALLY NEEDY

<< STATE OR LOCAL FUNDS ARE USED FOR: >>

LOW-INCOME PREGNANT WOMEN
QUALIFIED DISABLED WORKING INDIVIDUALS
MEDICALLY NEEDY

<< OTHER POLICIES >>

NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY

WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-
EMERGENCY SERVICES PROVIDED IN HOSPITAL
EMERGENCY ROOMS

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

Section 2: Eligibility Profiles of State Medicaid Programs

Table 2-1	Implementation of Mandatory Eligibility Groups	5
Table 2-2	Implementation of Optional Eligibility Groups	64
Table 2-3.	Optional Coverage of the Medically Needy	78
Table 2-4.	AFDC Payment Standards (Dollars)	84
Table 2-5.	Financial Criteria Used in Eligibility Determinations for the Medically Needy	86
Table 2-6.	Financial Criteria Used in Eligibility Determinations for the Aged, Blind, and Disabled in 209(b) States	91
Table 2-7.	More Liberal Income and Resource Methods as Defined in Section 1902(r)(2)	93

SECTION 2: ELIGIBILITY PROFILES OF STATE MEDICAID PROGRAMS

These data are abstracted from attachments 2.2-A and 2.6-A of the State plan. Data from supplements 1,2, 6-8, 8a, 8b and 13 to attachment 2.6-A are also included.

Medicaid is available to individuals under age 21 (States have the option of setting the age limit to under age 20, 19, or 18), certain relatives of dependent needy children, pregnant women, the aged (65 and older), the blind, and the disabled who meet specific eligibility requirements set forth in the Medicaid statute. With very few exceptions, such individuals must meet a financial means standard. That is, their income and resources must be within certain limits.

All States provide Medicaid to recipients of Aid to Families with Dependent Children (AFDC) and most States provide Medicaid to aged, blind, and disabled Supplemental Security Income (SSI) recipients. However, there are States which use more restrictive eligibility requirements for the aged, blind, and disabled than are used to determine SSI eligibility. The latter States are called section 1902(f) or 209(b) States. States also extend Medicaid to additional groups of families, children, pregnant women, aged, blind, and disabled individuals. Some are mandatory groups - that is, States are required to include such individuals under their plan. Others are optional groups.

General Information

- o The mandatory groups listed on the following tables are listed as AFDC-related and aged, blind, and disabled. AFDC-related groups are groups most closely related to the AFDC program in their characteristics and eligibility requirements. Aged, blind, and disabled groups are most closely related to the SSI program in their characteristics and requirements. The more restrictive eligibility requirements used by 209(b) States apply to the aged, blind, and disabled eligibility groups unless Medicaid law requires, or allows them to use different requirements.
- o Many of the optional eligibility groups listed on the tables include a sub-listing: aged, blind, disabled, caretaker relatives, children under (age), and pregnant women. When sub-listings appear, this means that States may choose any one or more of the groups listed. The table will indicate the elections States have made. In the case of children, a numerical entry of 18-21 indicates that a State has elected to include children under age 18, 19, 20 or 21 under the particular eligibility group identified.
- o To be eligible for AFDC, an applicant's countable income must be less than a State-established standard. Tables 2-4 through 2-6 list income standards States have elected to use for various eligibility groups. In some cases, States vary income standards based on the differences in cost of living in different geographical areas. Whenever a table reflects "Y" after this indicator, it means that a State has exercised its option to use different income standards in one or more geographical areas.

I. MANDATORY ELIGIBILITY GROUPS

The categories of individuals that States are required to include under their plans are listed in Tables 2-1.1, 2-1.2, 2-2.1, and 2-2.2. Under some circumstances mandatory eligibility groups are not covered by individual States (e.g., a statute requiring coverage of an eligibility group permits specific States to not cover this group; States may have the option to not cover subgroups within a mandatory group; for the aged, blind, or disabled cash recipients, States have the choice of covering either SSI individuals or individuals who meet more restrictive requirements (209(b))).

A. AFDC-Related Eligibility Groups

o Cash Recipients

These are individuals who actually receive AFDC payments. Individuals who receive cash payments are:

- Families in which the principal wage earner is unemployed. States are not required to make AFDC payments to these families when the family has received these payments in at least 6 out of the preceding 12 months. However, States have the option to make payments to these families who were receiving these payments in a greater number of months than 6 out of the preceding 12 months. The relevant number of months used by the State for this purpose is indicated in the table;
- pregnant women (whose pregnancy has been medically verified), who have no other children, where the child is expected to be born within 4 months, where the State has elected to pay an AFDC benefit based upon the needs resulting from her pregnancy;
- otherwise eligible children up to age 18, and up to age 19 when the children are students under certain circumstances (see 406(a)(2)(B) of the Act); and
- children who are deprived of parental support or care of one or both parents (this groups is not shown on the spDATA table).

o Individuals Deemed to be AFDC Recipients

These are eligibility groups the Congress has classified as individuals who are to be considered as having the same status as AFDC recipients under States' Medicaid plans. Individuals with this status are:

- Individuals who do not receive AFDC simply because States are not required to make payment of less than \$10 per month;
- certain individuals who participate in State work supplementation programs. Under these programs, AFDC may supplement the wages paid by employers;

- individuals who do not receive an AFDC payment solely because of recoupment of a prior AFDC overpayment;
- certain individuals who become ineligible for AFDC payments, in whole or in part, due to an increase in child or spousal support receive 4 additional months of Medicaid; and
- Children who are in foster care or adoption assistance programs funded or authorized under title IV-E of the Act.

o **Non-Cash Recipients**

Non-cash recipients are those individuals who are not receiving cash payments and are not deemed to be receiving cash payments. These individuals include:

- Qualified family members--Families with unemployed parents who do not receive AFDC payments for a full 12 months of each calendar year, but who continue to meet the AFDC requirements for receipt of cash payments. There are no qualified families in States which make AFDC payments to families with unemployed parents 12 months of each calendar year;
- work-related transitional Medicaid recipients who receive 6 to 12 additional months of Medicaid when they lose AFDC payments due to increased earnings or hours of employment or because of the loss of the \$30 and 1/3 earned-income disregards. The family must have received AFDC at least 3 of the 6 months immediately preceding the month in which the AFDC ineligibility begins;
- individuals denied AFDC because the income and resources of persons other than a parent or spouse are used to determine eligibility, even though not actually made available (e.g., income and resources of siblings, stepparents, and grandparents);
- individuals who were eligible for or receiving AFDC in August 1972 and entitled to title II Social Security benefits in that month. If in any month thereafter, the individual would have been financially eligible for AFDC except for the 1972 cost of living adjustment (COLA), she or he is deemed to be an AFDC recipient for purposes of Medicaid;
- qualified pregnant women whose pregnancies have been medically verified and who meet AFDC income and resource requirements. Pregnant women's income and resources are measured against an AFDC standard which counts the unborn child. Qualified children must be under age 19 and meet AFDC income and resource requirements and were born after September 30, 1983 or an earlier date specified in the plan;

- poverty level pregnant women and children under age 1 whose family income does not exceed 133 percent of the Federal poverty level (FPL). States which used an FPL for pregnant women or infants which as of specified dates was greater than 133 percent of the FPL and not more than 185 percent of the poverty level or which had the State authority to use such a level are required to continue to use the higher level for these groups;
- poverty level children under age 6 whose income does not exceed 133 percent of the FPL;
- poverty level children over age 6 and under age 19 who were born after September 30, 1983, and whose family income does not exceed 100 percent of the FPL;
- pregnant women who are eligible for Medicaid will remain eligible for Medicaid (for all pregnancy-related and postpartum services provided under the State plan) through the end of the calendar month ending 60 days after the end of pregnancy regardless of any changes in family income; and
- children under 1 whose mothers were Medicaid eligible when the children were born. This eligibility continues while the mother is eligible for Medicaid (or would remain eligible if pregnant) so long as the child lives with her.

B. Aged, Blind, and Disabled

Table 2-1.2 lists mandatory eligibility groups for the aged, blind, and disabled. The groups listed are:

o Cash Recipients

- SSI recipients in 1634 States and SSI criteria States;
- aged, blind, or disabled in 209(b) States. Table 2-6 lists some of the more restrictive financial and non-financial eligibility requirements employed by States; and
- mandatory State supplement recipients--certain individuals who received assistance payments under the cash programs administered by States immediately before the SSI program was implemented, when the amount of the cash benefits was higher than the SSI benefit they would receive.

o Deemed Recipients of SSI

Individuals whom Congress has classified as having the same status as SSI recipients. Under certain circumstances, 209(b) States must also include such individuals under their plans:

- Severely disabled individuals whose income (including earnings) exceeds SSI limits, but is not sufficient to cover SSI and Medicaid benefits;
- certain disabled widows and widowers who lost SSI or optional State supplementary payments (SSP) eligibility because of a change in how Social Security benefits were calculated in 1983. (An SSP is a cash payment made by a State on a regular basis to an individual receiving SSI or who, except for income would receive SSI.); and

NOTE: Section 209(b) States must consider these individuals to have no more income than the SSI Federal benefit rate (for individuals who lost SSI eligibility) or the SSP rate (for individuals who lost SSP eligibility).

- disabled widows and widowers who lost SSI or optional SSP eligibility because of early Social Security benefits and who are not entitled to Medicare Part A.

NOTE: Section 209(b) States classify these individuals as categorically needy under their plan.

o **Non-Cash Recipients**

- Essential spouses. An essential spouse is one who continues to live with an aged, blind, or disabled individual who was receiving cash assistance in December 1973; in States which provided Medicaid to essential spouses in that month; whose needs were included in determining the amount of cash payment to the individual under State-administered programs which preceded SSI (OAA, AB, APTD, or AABD); and who is determined essential to the individual's well-being, where both the individual and the spouse continue to meet the December 1973 criteria for cash assistance;
- individuals who since December 1973 have been continuously institutionalized in Medicaid facilities, who received (or except for their institutional status would have been eligible to receive) cash assistance in that month under the State-administered programs which preceded SSI, who were eligible for Medicaid, and who continue to meet the December 1973 eligibility criteria and have the need for institutional care;
- blind and disabled individuals who meet current requirements for Medicaid eligibility, were eligible for Medicaid in December 1973 as blind or disabled individuals, whether or not they were receiving cash assistance in December 1973, and for each consecutive month after December 1973, continue to meet the criteria for blindness or disability and the other conditions of eligibility used under the Medicaid plan in December 1973;

- individuals who became ineligible for SSI or SSP because of a Social Security benefit increase in August 1972;
- individuals who were eligible for SSI or SSP and title II benefits concurrently in a month after April 1977, who would be eligible for SSI or an SSP except for title II cost of living adjustments received since that month;

NOTE: 209(b) States must disregard the relevant title II COLAs to determine whether an individual qualifies for the special status of receiving Medicaid as categorically needy. However, 209(b) States need not disregard these title II COLAs in computing the individual's countable income when determining whether the individual is eligible, or the amount of his or her income spenddown. The "yes" and "no" responses indicate whether the 209(b) States disregard the income for these qualifying individuals in the eligibility process.

- blind or disabled children over age 18 who received SSI or an SSP based upon blindness or disability which began before they became age 22, who lose SSI or SSP eligibility because they become entitled to a Social Security child's benefit or an increase in those benefits, and who would be eligible for SSI or an SSP except for the child's benefit or an increase in those benefits;

NOTE: 209(b) States need not disregard these children's benefits or the increased amounts of these benefits in determining the individual's countable income for purposes of Medicaid eligibility. However, these States must disregard this income to determine whether the individual qualifies for the special status which will result in receiving Medicaid as categorically needy (if the individual satisfies the income test).

- individuals denied or found ineligible for SSI or optional SSPs because of an eligibility condition under those programs that is prohibited under the Medicaid statute;
- qualified Medicare beneficiaries (QMBs: those beneficiaries who are entitled to Medicare Part A, with incomes below the Federal poverty level, and with resources at or below twice the standard allowed under the SSI program); and
- qualified disabled working individuals (QDWIs: certain low-income, disabled individuals who are entitled to enroll in Medicare, Part A benefits by virtue of section 1818A of the Act).

II. OPTIONAL ELIGIBILITY GROUPS

Tables 2-2.1 and 2-2.2 list optional eligibility groups (other than the medically needy) which States have elected to include under their plans. Included in the list are:

- o Pregnant women and infants who are not covered under the mandatory eligibility groups and who have income between 133 percent of the FPL and 185 percent of the FPL;
- o aged and disabled individuals whose income does not exceed a State standard which is not in excess of 100 percent of FPL;
- o presumptively eligible pregnant women (providers may make an interim determination that a pregnant woman may be eligible for Medicaid because her income is equal to or below the State's income standard. Once the provider has established tentative eligibility, the woman may receive ambulatory prenatal care for a specified period of time);
- o individuals entitled to COBRA continued coverage who have income less than 100 percent of the poverty level, who have resources less than twice the SSI level, where the State determines the payment of the COBRA premiums is likely to result in savings to the Medicaid program;
- o HMO enrollees for whom Medicaid is provided for a minimum period even though they may not otherwise be eligible;
- o individuals for whom States continue Medicaid payments when they are enrolled in a group health plan for an optional period of up to 6 months after enrollment even if the individual ceases to be eligible for Medicaid during that period (section 1902(e)(11)(A) of the Act);
- o individuals who would be eligible for AFDC, SSI, SSP if they were living in the community instead of an institution;
- o individuals who are determined to be eligible for home and community-based services (through a waiver) based on eligibility requirements that would be used if they lived in an institution instead of eligibility requirements that would be used if they lived in the community;
- o children who are under State adoption assistance agreements (other than title IV-E) and who had special medical needs before the adoption assistance agreements were entered into;
- o disabled children under age 18 where the individual requires a level of care provided in a hospital, nursing facility, or ICF/MR who would be eligible if living in an institution and the State has determined that services provided in the community would be less costly than those provided in an institution;

NOTE: Disabled children in 209(b) States who meet these criteria must meet the States' more restrictive eligibility requirements, but the children are deemed to have no more income than children receiving SSI benefits.

- o groups described in 1905(a)(i) of the Act who meet the financial requirements for the receipt of cash payments (AFDC, part E of title IV, SSI, and the State plan programs under titles I, X, XIV, or XVI of the Act), but who do not receive payments;

- o terminally ill individuals who would be eligible for Medicaid if they were in a medical institution who have elected to receive hospice care in lieu of regular Medicaid services;
- o individuals who would be eligible for AFDC if child care costs were paid from earnings rather than by a State agency;
- o all children under age 18, 19, 20, or 21 who meet the income and resource requirements of the State's AFDC plan, or reasonable classifications of children who meet these requirements (e.g., children under age 18, 19, 20, or 21 who are financially eligible for AFDC such as individuals in foster homes or private institutions for whom a public agency is assuming a full or partial financial responsibility, individuals in adoptions subsidized in full or in part by a public agency, individuals in ICFs/MR if covered in the State plan, and inpatients under age 21 in psychiatric facilities or programs). The reasonable classifications listed are examples of classifications the Secretary has found to be reasonable. Other classifications may also be reasonable;
- o individuals who would be eligible for AFDC if the State's AFDC agency elected all of the options available to States under title IV-A;
- o optional SSP recipients or individuals who are eligible for those payments, or who would be eligible for those payments if they were not in a medical institution. This group also includes individuals who receive a State administered optional SSP, in States without 1634 agreements, where income for purposes of eligibility for the supplement is counted using more restrictive rules than those of the SSI program; and

NOTE: Some States make such payments to such individuals but do not include them as an optional eligibility group under their Medicaid plans.

- o institutionalized individuals who have income below a special income level set by the State. The special income level may not exceed 300 percent of the SSI Federal benefit rate (FBR). Individuals must meet the resource requirements of the appropriate State plan or the SSI program in order to qualify under the special income standard group.

III. MEDICALLY NEEDY

Another optional eligibility group is the medically needy as depicted in Table 2-3. These are individuals under age 18, 19, 20, or 21; specified relatives of dependent children (caretakers); aged; blind; disabled individuals; or pregnant women; who because of income and/or resources are ineligible under the mandatory or optional eligibility groups already described.

Individuals under this option must meet income requirements specific to the medically needy. A unique feature of this option is that individuals can attain eligibility by spending down income in excess of the medically needy income eligibility standard. That is, income in excess of the eligibility standard, often referred to as the medically needy income level (MNIL), can be offset within a specified period of time by incurring medical or remedial

care expenses recognized under State law equal to the amount of excess income; or at State option, individuals may pay excess income to the State Medicaid agency and become income eligible.

o **Individuals Who Must be Included**

States electing to include the medically needy under their plans must include:

- Pregnant women who are ineligible under mandatory or optional eligibility groups listed in Tables 2-1 and 2-2 because of too much income and/or resources;
- former pregnant women who were eligible as medically needy will remain eligible for Medicaid (for all pregnancy-related and postpartum services provided under the State plan) through the end of the calendar month ending 60 days after the end of pregnancy. These women will remain eligible for Medicaid pregnancy benefits through the end of the calendar month ending 60 days after the end of pregnancy regardless of any change in family income;
- children under age 18 who are ineligible for AFDC or SSI or other mandatory eligibility groups listed in Table 2-1 because of too much income and/or resources; and
- certain medically needy individuals included under States' plans as medically needy in 1973.

o **Individuals included at State Option**

States electing to include the medically needy under their plans may at their option include:

- Specified relatives of needy dependent children;
- the aged;
- the blind;
- the disabled;
- States may elect to provide a minimum period of eligibility (not to exceed 6 months) for enrollees in HMOs even though the individuals may otherwise become ineligible during this period;
- States may continue Medicaid payments on behalf of a recipient enrolled in a group health plan for an optional period of up to 6 months after enrollment even if the individual ceases to be eligible for Medicaid during that period (section 1902(e)(11)(A) of the Act); and

- individuals not included in the mandatory categories who are financially eligible children under 18, 19, 20, or 21, or reasonable classifications of those children.

IV. FINANCIAL CRITERIA

Tables 2-4, 2-5, 2-6 and 2-7 reflect a variety of income and resource standards and methods States use to determine Medicaid eligibility under their plans. (Federal law establishes a limit to the value of a family's real and personal property. This amount does not include the value of the family's home and a specified equity in an automobile. States may exclude from this limit the value of items essential to daily living such as clothing and furniture).

The term "rural variances" is used on Tables 2-4, 2-5, and 2-6. Rural variances has the same meaning as the term "area differentials" which is used by the AFDC program. 45 CFR 205.120 allows the State need standard to contain area differentials based on appreciable regional or sectional variations in the cost of shelter or other items in the standard.

o Table 2-4--AFDC Payment Standards

Generally, the AFDC payment standards reflected in this table are used to determine eligibility for all of the AFDC-related eligibility groups listed on Tables 2-1.1, 2-1.2, 2-2.1, and 2-2.2. That is, income used to determine eligibility is compared to these standards. When income exceeds the standards, individuals and families are ineligible based on income. Exceptions to these AFDC payment standards are the mandatory and optional eligibility groups of pregnant women and children whose family income is compared to standards that are equal to specified percentages of the FPL.

o Table 2-5--Medically Needy Financial Criteria

The following States have medically needy programs: Arkansas, California, Connecticut, Washington, D.C., Florida, Georgia, Hawaii, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nebraska, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, and Wisconsin.

Spenddown Periods: This table shows the number of months States used to calculate income for medically needy eligibility. States have the option of designating one or two budget periods for this calculation. Therefore, if Table 2-5 shows two different numbers for spenddown months for a State, the State is using two budget periods for the spenddown calculation. The time periods used for this purpose may not exceed 6 months.

Table 2-5 also reflects the standards to which income is compared in the eligibility process. Usually these amounts are reflected in monthly amounts and are multiplied by the number of months in the spenddown period in the eligibility calculation. These standards are referred to as income levels in the table.

In addition, the table indicates the resource standards used in the eligibility calculation. To be eligible, resources must be equal to or below these standards.

V. 209(b) AGED, BLIND, AND DISABLED

Table 2-6 identifies which States are 209(b) States (Connecticut, Hawaii, Illinois, Indiana, Minnesota, Missouri, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, and Virginia) and provides the following information on the more restrictive requirements States apply under the 209(b) option:

- o The categories of individuals (i.e., the aged, the blind, the disabled) whose eligibility is based on use of more restrictive eligibility requirements,
- o whether the State uses a more restrictive definition of disability and whether the category of disabled is limited to individuals age 18 and older,
- o the number of more restrictive income and resource methods used, and
- o the more restrictive income and resource eligibility standards.

VI. 1902(r)(2) INCOME AND RESOURCE METHODS

Under section 1902(r)(2) of the Act, States are permitted to use income and resource methodologies which are more liberal than those used in the cash assistance programs for determining individuals' eligibility under certain specified eligibility categories. The following States use section 1902(r)(2) income and resource methods: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New York, North Carolina, North Dakota, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Vermont, Virginia, Washington, Wisconsin, and Wyoming.

Table 2-7 shows information on the States' methods of determining eligibility under the authority of section 1902(r)(2) of the Act:

- o For both AFDC-related and aged, blind, and disabled groups there is an indicator reflecting whether the State has elected to use more liberal income and resource methods for the categorically needy, medically needy, poverty level groups and whether the methods vary by category; and
- o the more liberal income and resource methods which States are frequently electing or those which are topical.

TABLE 2-1.1.

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 14

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AL - - AK - - AZ - - AR - - CA - - CO - - CT - - DE -

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<< AFDC RELATED GROUPS >>

CASH RECIPIENTS

FAMILIES WITH UNEMPLOYED PARENTS (6-MONTHS)
OPTIONAL ADDITIONAL MONTHS
PREGNANT WOMEN WITH NO CHILDREN
AGE 18 STUDENT AFDC RECIPIENTS

Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y
6	6	N	N	6	N	N	U*	6	6
N	Y	Y	N	Y	Y	Y	Y*	Y	Y
N	Y	Y	N	Y	Y	Y	Y*	N	N

DEEMED RECIPIENTS

INDIVIDUALS DENIED CASH PAYMENT OF LESS THAN \$10
WORK SUPPLEMENTATION PARTICIPANTS
INDIVIDUALS WITH ZERO PAYMENT DUE TO RECOVERIES
INDIVIDUALS RECEIVING 4-MONTH TRANSITIONAL
BENEFITS WHERE AFDC WAS LOST DUE TO CHILD
SUPPORT PAYMENTS
TITLE IV-E RECIPIENTS

Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y
N	Y	N	N	Y	Y	Y	Y*	N	N
Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y

50 NON-CASH RECIPIENTS

MEMBERS OF FAMILIES WITH UNEMPLOYED PARENTS
WORK-RELATED TRANSITIONAL MEDICAID RECIPIENTS
INDIVIDUALS DENIED AFDC DUE TO DEEMING PROHIBITED
BY MEDICAID
1972 RECIPIENTS OF OASDI INCREASE LOSING AFDC
QUALIFIED PREGNANT WOMEN AND CHILDREN
POVERTY LEVEL PREGNANT WOMEN AND INFANTS
POVERTY LEVEL CHILDREN UNDER 6
POVERTY LEVEL CHILDREN OVER 6
WOMEN RECEIVING POSTPARTUM SERVICES
CHILDREN UNDER 1 WHOSE MOTHERS WERE ELIGIBLE
WHEN THEY WERE BORN

N	N	Y	Y	N	Y	Y	Y*	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y
N	Y	Y	Y	Y	Y	Y	Y*	Y	Y
Y	N	Y	Y	U	Y	Y	Y*	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y
Y	N	Y	Y	Y	Y	Y	Y*	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y

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* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE

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HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

<< AGED, BLIND, DISABLED >>

CASH RECIPIENTS

SSI

AGED
BLIND
DISABLED

INDIVIDUALS WHO MEET MORE RESTRICTIVE

REQUIREMENTS (209(B))

AGED
BLIND
DISABLED

MANDATORY STATE SUPPLEMENT RECIPIENTS

DEEMED RECIPIENTS OF SSI

SEVERELY DISABLED INDIVIDUALS QUALIFIED

UNDER 1619(A) OR (B)

DISABLED WIDOWERS LOSING SSI/SSP DUE TO

ELIMINATION OF OASDI REDUCTION FACTOR

DISABLED WIDOWERS LOSING SSI/SSP DUE TO EARLY

SSB NOT ENTITLED TO MEDICARE

NON-CASH RECIPIENTS

ESSENTIAL SPOUSES (SINCE 1973)

INSTITUTIONALIZED INDIVIDUALS CONTINUOUSLY

ELIGIBLE SINCE 1973

BLIND AND DISABLED CONTINUOUSLY ELIGIBLE

SINCE 1973

INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 8/72

INCREASES IN OASDI BENEFIT

INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 4/77

OASDI COLAS

ADULT DISABLED CHILDREN RECIPIENTS OF

INCREASED OASDI BENEFITS

INDIVIDUALS INELIGIBLE FOR SSI/SSP FOR

REASONS PROHIBITED BY MEDICAID

QUALIFIED MEDICARE BENEFICIARIES

QUALIFIED DISABLED WORKING INDIVIDUALS

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NA = NOT APPLICABLE

TABLE 2-1.1.

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 14

<< AFDC RELATED GROUPS >>

CASH RECIPIENTS

FAMILIES WITH UNEMPLOYED PARENTS (6-MONTHS)
OPTIONAL ADDITIONAL MONTHS
PREGNANT WOMEN WITH NO CHILDREN
AGE 18 STUDENT AFDC RECIPIENTS

DEEMED RECIPIENTS

INDIVIDUALS DENIED CASH PAYMENT OF LESS THAN \$10
WORK SUPPLEMENTATION PARTICIPANTS
INDIVIDUALS WITH ZERO PAYMENT DUE TO RECOVERIES
INDIVIDUALS RECEIVING 4-MONTH TRANSITIONAL
BENEFITS WHERE AFDC WAS LOST DUE TO CHILD
SUPPORT PAYMENTS
TITLE IV-E RECIPIENTS

NON-CASH RECIPIENTS

MEMBERS OF FAMILIES WITH UNEMPLOYED PARENTS
WORK-RELATED TRANSITIONAL MEDICAID RECIPIENTS
INDIVIDUALS DENIED AFDC DUE TO DEEMING PROHIBITED
BY MEDICAID
1972 RECIPIENTS OF OASDI INCREASE LOSING AFDC
QUALIFIED PREGNANT WOMEN AND CHILDREN
POVERTY LEVEL PREGNANT WOMEN AND INFANTS
POVERTY LEVEL CHILDREN UNDER 6
POVERTY LEVEL CHILDREN OVER 6
WOMEN RECEIVING POSTPARTUM SERVICES
CHILDREN UNDER 1 WHOSE MOTHERS WERE ELIGIBLE
WHEN THEY WERE BORN

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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NA = NOT APPLICABLE

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

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DC - FL - GA - HI - ID - IL - IN - IA -

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<< AGED, BLIND, DISABLED >>

CASH RECIPIENTS

SSI

AGED
BLIND
DISABLED

INDIVIDUALS WHO MEET MORE RESTRICTIVE REQUIREMENTS (209(B))

AGED
BLIND
DISABLED

MANDATORY STATE SUPPLEMENT RECIPIENTS

DEEMED RECIPIENTS OF SSI

SEVERELY DISABLED INDIVIDUALS QUALIFIED UNDER 1619(A) OR (B)
DISABLED WIDOWERS LOSING SSI/SSP DUE TO ELIMINATION OF OASDI REDUCTION FACTOR
DISABLED WIDOWERS LOSING SSI/SSP DUE TO EARLY SSB NOT ENTITLED TO MEDICARE

NON-CASH RECIPIENTS

ESSENTIAL SPOUSES (SINCE 1973)
INSTITUTIONALIZED INDIVIDUALS CONTINUOUSLY ELIGIBLE SINCE 1973
BLIND AND DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 8/72 INCREASES IN OASDI BENEFIT
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 4/77 OASDI COLAS
ADULT DISABLED CHILDREN RECIPIENTS OF INCREASED OASDI BENEFITS
INDIVIDUALS INELIGIBLE FOR SSI/SSP FOR REASONS PROHIBITED BY MEDICAID
QUALIFIED MEDICARE BENEFICIARIES
QUALIFIED DISABLED WORKING INDIVIDUALS

=====

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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NA = NOT APPLICABLE

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HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

CASH RECIPIENTS

**FAMILIES WITH UNEMPLOYED PARENTS (6-MONTHS)
OPTIONAL ADDITIONAL MONTHS
PREGNANT WOMEN WITH NO CHILDREN
AGE 18 STUDENT AFDC RECIPIENTS**

DEEMED RECIPIENTS

INDIVIDUALS DENIED CASH PAYMENT OF LESS THAN \$10
 WORK SUPPLEMENTATION PARTICIPANTS
 INDIVIDUALS WITH ZERO PAYMENT DUE TO RECOVERIES
 INDIVIDUALS RECEIVING 4-MONTH TRANSITIONAL
 BENEFITS WHERE AFDC WAS LOST DUE TO CHILD
 SUPPORT PAYMENTS
 TITLE IV-E RECIPIENTS

54 NON-CASH RECIPIENTS

MEMBERS OF FAMILIES WITH UNEMPLOYED PARENTS
WORK-RELATED TRANSITIONAL MEDICAID RECIPIENTS
INDIVIDUALS DENIED AFDC DUE TO DEEMING PROHIBITED
BY MEDICAID

1972 RECIPIENTS OF OASDI INCREASE LOSING AFDC
QUALIFIED PREGNANT WOMEN AND CHILDREN
POVERTY LEVEL PREGNANT WOMEN AND INFANTS
POVERTY LEVEL CHILDREN UNDER 6
POVERTY LEVEL CHILDREN OVER 6
WOMEN RECEIVING POSTPARTUM SERVICES
CHILDREN UNDER 1 WHOSE MOTHERS WERE ELIGIBLE
WHEN THEY WERE BORN

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

<< AGED, BLIND, DISABLED >>

CASH RECIPIENTS

SSI

AGED
BLIND
DISABLED

INDIVIDUALS WHO MEET MORE RESTRICTIVE

REQUIREMENTS (209(B))

AGED
BLIND
DISABLED

MANDATORY STATE SUPPLEMENT RECIPIENTS

DEEMED RECIPIENTS OF SSI

SEVERELY DISABLED INDIVIDUALS QUALIFIED

UNDER 1619(A) OR (B)

DISABLED WIDOWERS LOSING SSI/SSP DUE TO

ELIMINATION OF OASDI REDUCTION FACTOR

DISABLED WIDOWERS LOSING SSI/SSP DUE TO EARLY

SSB NOT ENTITLED TO MEDICARE

NON-CASH RECIPIENTS

ESSENTIAL SPOUSES (SINCE 1973)

INSTITUTIONALIZED INDIVIDUALS CONTINUOUSLY

ELIGIBLE SINCE 1973

BLIND AND DISABLED CONTINUOUSLY ELIGIBLE

SINCE 1973

INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 8/72

INCREASES IN OASDI BENEFIT

INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 4/77

OASDI COLAS

ADULT DISABLED CHILDREN RECIPIENTS OF

INCREASED OASDI BENEFITS

INDIVIDUALS INELIGIBLE FOR SSI/SSP FOR

REASONS PROHIBITED BY MEDICAID

QUALIFIED MEDICARE BENEFICIARIES

QUALIFIED DISABLED WORKING INDIVIDUALS

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

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TABLE 2-1.1.1.

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

<< AFDC RELATED GROUPS >>

CASH RECIPIENTS

**FAMILIES WITH UNEMPLOYED PARENTS (6-MONTHS)
OPTIONAL ADDITIONAL MONTHS
PREGNANT WOMEN WITH NO CHILDREN
AGE 18 STUDENT AFDC RECIPIENTS**

DEEMED RECIPIENTS

INDIVIDUALS DENIED CASH PAYMENT OF LESS THAN \$10
WORK SUPPLEMENTATION PARTICIPANTS
INDIVIDUALS WITH ZERO PAYMENT DUE TO RECOVERIES
INDIVIDUALS RECEIVING 4-MONTH TRANSITIONAL
BENEFITS WHERE AFDC WAS LOST DUE TO CHILD
SUPPORT PAYMENTS
TITLE IV-E RECIPIENTS

NON-CASH RECIPIENTS

MEMBERS OF FAMILIES WITH UNEMPLOYED PARENTS
WORK-RELATED TRANSITIONAL MEDICAID RECIPIENTS
INDIVIDUALS DENIED AFDC DUE TO DEEMING PROHIBITED
BY MEDICAID
1972 RECIPIENTS OF OASDI INCREASE LOSING AFDC
QUALIFIED PREGNANT WOMEN AND CHILDREN
POVERTY LEVEL PREGNANT WOMEN AND INFANTS
POVERTY LEVEL CHILDREN UNDER 6
POVERTY LEVEL CHILDREN OVER 6
WOMEN RECEIVING POSTPARTUM SERVICES
CHILDREN UNDER 1 WHOSE MOTHERS WERE ELIGIBLE
WHEN THEY WERE BORN

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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NA = NOT APPLICABLE

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

<< AGED, BLIND, DISABLED >>

CASH RECIPIENTS

SSI

AGED
BLIND
DISABLED

INDIVIDUALS WHO MEET MORE RESTRICTIVE
REQUIREMENTS (209(B))

AGED
BLIND
DISABLED

MANDATORY STATE SUPPLEMENT RECIPIENTS

DEEMED RECIPIENTS OF SSI

SEVERELY DISABLED INDIVIDUALS QUALIFIED
UNDER 1619(A) OR (B)
DISABLED WIDOWERS LOSING SSI/SSP DUE TO
ELIMINATION OF OASDI REDUCTION FACTOR
DISABLED WIDOWERS LOSING SSI/SSP DUE TO EARLY
SSB NOT ENTITLED TO MEDICARE

NON-CASH RECIPIENTS

ESSENTIAL SPOUSES (SINCE 1973)
INSTITUTIONALIZED INDIVIDUALS CONTINUOUSLY
ELIGIBLE SINCE 1973
BLIND AND DISABLED CONTINUOUSLY ELIGIBLE
SINCE 1973
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 8/72
INCREASES IN OASDI BENEFIT
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 4/77
OASDI COLAS
ADULT DISABLED CHILDREN RECIPIENTS OF
INCREASED OASDI BENEFITS
INDIVIDUALS INELIGIBLE FOR SSI/SSP FOR
REASONS PROHIBITED BY MEDICAID
QUALIFIED MEDICARE BENEFICIARIES
QUALIFIED DISABLED WORKING INDIVIDUALS

	MS	MT	MO	NE	NV	NH	NJ	NM
AGED	Y	Y	N	Y	Y	N	Y	Y
BLIND	Y	Y	N	Y	Y	N	Y	Y
DISABLED	Y	Y	N	Y	Y	N	Y	Y
INDIVIDUALS WHO MEET MORE RESTRICTIVE REQUIREMENTS (209(B))								
AGED	N	N	Y	N	N	Y	N	N
BLIND	N	N	Y	N	N	Y	N	N
DISABLED	N	N	Y	N	N	Y	N	N
MANDATORY STATE SUPPLEMENT RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
DEEMED RECIPIENTS OF SSI								
SEVERELY DISABLED INDIVIDUALS QUALIFIED UNDER 1619(A) OR (B)	Y	Y	Y	Y	Y	Y	Y	Y
DISABLED WIDOWERS LOSING SSI/SSP DUE TO ELIMINATION OF OASDI REDUCTION FACTOR	Y	Y	NA	Y	N	NA	Y	Y
DISABLED WIDOWERS LOSING SSI/SSP DUE TO EARLY SSB NOT ENTITLED TO MEDICARE	Y	Y	NA	Y	N	NA	Y	Y
NON-CASH RECIPIENTS								
ESSENTIAL SPOUSES (SINCE 1973)	N	Y	N	N	N	N	Y	N
INSTITUTIONALIZED INDIVIDUALS CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y
BLIND AND DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 8/72 INCREASES IN OASDI BENEFIT	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 4/77 OASDI COLAS	Y	Y	NA	Y	N	NA	Y	Y
ADULT DISABLED CHILDREN RECIPIENTS OF INCREASED OASDI BENEFITS	Y	Y	NA	Y	N	NA	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP FOR REASONS PROHIBITED BY MEDICAID	Y	Y	Y	Y	Y	Y	Y	Y
QUALIFIED MEDICARE BENEFICIARIES	Y	Y	Y	Y	Y	Y*	Y	Y
QUALIFIED DISABLED WORKING INDIVIDUALS	Y	Y	Y	Y	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE

TABLE 2-1.1.

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 9 OF 14

- NY - - NC - - ND - - OH - - OK - - OR - - PA - - RI -

<< AFDC RELATED GROUPS >>

CASH RECIPIENTS

FAMILIES WITH UNEMPLOYED PARENTS (6-MONTHS)
OPTIONAL ADDITIONAL MONTHS
PREGNANT WOMEN WITH NO CHILDREN
AGE 18 STUDENT AFDC RECIPIENTS

Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y
6	6	N	N	6	6	6	U*	6	6
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

DEEMED RECIPIENTS

INDIVIDUALS DENIED CASH PAYMENT OF LESS THAN \$10
WORK SUPPLEMENTATION PARTICIPANTS
INDIVIDUALS WITH ZERO PAYMENT DUE TO RECOVERIES
INDIVIDUALS RECEIVING 4-MONTH TRANSITIONAL
BENEFITS WHERE AFDC WAS LOST DUE TO CHILD
SUPPORT PAYMENTS
TITLE IV-E RECIPIENTS

Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	Y	Y	Y	Y	Y	Y	N	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

51

NON-CASH RECIPIENTS

MEMBERS OF FAMILIES WITH UNEMPLOYED PARENTS
WORK-RELATED TRANSITIONAL MEDICAID RECIPIENTS
INDIVIDUALS DENIED AFDC DUE TO DEEMING PROHIBITED
BY MEDICAID
1972 RECIPIENTS OF OASDI INCREASE LOSING AFDC
QUALIFIED PREGNANT WOMEN AND CHILDREN
POVERTY LEVEL PREGNANT WOMEN AND INFANTS
POVERTY LEVEL CHILDREN UNDER 6
POVERTY LEVEL CHILDREN OVER 6
WOMEN RECEIVING POSTPARTUM SERVICES
CHILDREN UNDER 1 WHOSE MOTHERS WERE ELIGIBLE
WHEN THEY WERE BORN

Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE

TABLE 2-1.2.

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 10 OF 14

<< AGED, BLIND, DISABLED >>

CASH RECIPIENTS

SSI

AGED
BLIND
DISABLED

INDIVIDUALS WHO MEET MORE RESTRICTIVE

REQUIREMENTS (209(B))

AGED
BLIND
DISABLED

MANDATORY STATE SUPPLEMENT RECIPIENTS

DEEMED RECIPIENTS OF SSI

SEVERELY DISABLED INDIVIDUALS QUALIFIED

UNDER 1619(A) OR (B)

DISABLED WIDOWERS LOSING SSI/SSP DUE TO

ELIMINATION OF OASDI REDUCTION FACTOR

DISABLED WIDOWERS LOSING SSI/SSP DUE TO EARLY

SSB NOT ENTITLED TO MEDICARE

NON-CASH RECIPIENTS

ESSENTIAL SPOUSES (SINCE 1973)

INSTITUTIONALIZED INDIVIDUALS CONTINUOUSLY

ELIGIBLE SINCE 1973

BLIND AND DISABLED CONTINUOUSLY ELIGIBLE

SINCE 1973

INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 8/72

INCREASES IN OASDI BENEFIT

INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 4/77

OASDI COLAS

ADULT DISABLED CHILDREN RECIPIENTS OF

INCREASED OASDI BENEFITS

INDIVIDUALS INELIGIBLE FOR SSI/SSP FOR

REASONS PROHIBITED BY MEDICAID

QUALIFIED MEDICARE BENEFICIARIES

QUALIFIED DISABLED WORKING INDIVIDUALS

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NA = NOT APPLICABLE

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

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-- WV -- -- WI -- -- WY --

=====

<< AFDC RELATED GROUPS >>

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CASH RECIPIENTS

FAMILIES WITH UNEMPLOYED PARENTS (6-MONTHS)
OPTIONAL ADDITIONAL MONTHS
PREGNANT WOMEN WITH NO CHILDREN
AGE 18 STUDENT AFDC RECIPIENTS

Y	Y	Y	Y
Y	Y	Y	Y
U	U	U	6
Y	Y	Y	Y
Y	Y	Y	Y

DEEMED RECIPIENTS

INDIVIDUALS DENIED CASH PAYMENT OF LESS THAN \$10
WORK SUPPLEMENTATION PARTICIPANTS
INDIVIDUALS WITH ZERO PAYMENT DUE TO RECOVERIES
INDIVIDUALS RECEIVING 4-MONTH TRANSITIONAL
BENEFITS WHERE AFDC WAS LOST DUE TO CHILD
SUPPORT PAYMENTS
TITLE IV-E RECIPIENTS

Y	Y	Y	Y
N	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y

NON CASH RECIPIENTS

MEMBERS OF FAMILIES WITH UNEMPLOYED PARENTS
WORK-RELATED TRANSITIONAL MEDICAID RECIPIENTS
INDIVIDUALS DENIED AFDC DUE TO DEEMING PROHIBITED
BY MEDICAID
1972 RECIPIENTS OF OASDI INCREASE LOSING AFDC
QUALIFIED PREGNANT WOMEN AND CHILDREN
POVERTY LEVEL PREGNANT WOMEN AND INFANTS
POVERTY LEVEL CHILDREN UNDER 6
POVERTY LEVEL CHILDREN OVER 6
WOMEN RECEIVING POSTPARTUM SERVICES
CHILDREN UNDER 1 WHOSE MOTHERS WERE ELIGIBLE
WHEN THEY WERE BORN

Y	Y	N	Y
Y	Y	Y	Y
U	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y

=====

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE

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TABLE 2-2.1.

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF OPTIONAL ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 14

	AL	AK	AZ	AR	CA	CO	CT	DE
PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N	N	Y	N	Y	N	Y*	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N	N	N	N	Y	N	N*	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N	N	N	Y	N	Y	N*	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N	N	N	N	N	N	N	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	Y	N	Y	N	N*	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	Y	N	Y	N	N	N	Y
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y	Y	Y	Y	N	Y	Y*	Y
INDIVIDUALS IN HCBSWS	Y	Y	N	Y	Y	Y	Y*	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	N	N	N	18*	21	21	N*	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N	Y	N	Y	N	N	N*	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	N	Y	N	Y	N	N	N*	Y
AGED	N	Y	Y	N	N	Y	Y*	N
BLIND	N	Y	Y	N	N	Y	Y*	N
DISABLED	N	Y	Y	N	N	Y	Y*	N
CARETAKER RELATIVES	N	Y	Y	N	N	Y	Y*	N
PREGNANT WOMEN	N	Y	Y	N	N	Y	Y*	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	N	N	N	N	N	N	N	N
AGED	N	N	N	N	N	N	N*	N
BLIND	N	N	N	N	N	N	N*	N
DISABLED	N	N	N	N	N	N	N*	N
CHILDREN UNDER (AGE)	N	N	N	N	N	N	N	N
CARETAKER RELATIVES	N	N	N	N	N	N	N*	N
PREGNANT WOMEN	N	N	N	N	N	N	N*	N

TABLE 2-2.2.

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF OPTIONAL ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 14

- AL - - AK - - AZ - - AR - - CA - - CO - - CT - - DE -

INDIVIDUALS WHO WOULD BE AFDC IF CHILD
CARE COSTS WERE PAID FROM EARNINGS

CHILDREN UNDER (AGE)
CARETAKER RELATIVES
PREGNANT WOMEN

N	N	N	N	N	N	19*	N
N	N	N	N	N	N	Y*	N
N	N	N	N	N	N	Y*	N

FINANCIALLY ELIGIBLE CHILDREN

ALL CHILDREN UNDER (AGE)
REASONABLE CLASSIFICATIONS
IN FOSTER HOMES UNDER (AGE)
IN PRIVATE INSTITUTIONS UNDER (AGE)
UNDER PRIVATE AGENCY UNDER (AGE)
IN SUBSIDIZED ADOPTIONS UNDER (AGE)
IN NFS UNDER (AGE)
IN ICFs/MR UNDER (AGE)
IN INPATIENT PSYCHIATRIC FACILITIES
UNDER (AGE)
OTHER GROUPS UNDER (AGE)

N	21	18	21	20	21*	N
21	N	21	N	21	N	21
21	N	21	N	21	N	21
N	N	N	N	N	N	21
N	N	N	N	21	N	21
N	N	N	N	21	N	21
N	N	N	N	21	N	21
N	N	21	N	21	N	N
21	N	N	N	21	N	18

INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC
IF AFDC PLAN WERE AS BROAD AS ALLOWED

CHILDREN UNDER (AGE)
CARETAKER RELATIVES
PREGNANT WOMEN

N	21	N	N	N	N	N
N	N	N	N	N	N	N
N	N	N	N	N	N	N

OPTIONAL STATE SUPPLEMENT RECIPIENTS

AGED
BLIND
DISABLED
AGED IN GROUP LIVING
BLIND IN GROUP LIVING
DISABLED IN GROUP LIVING
OTHER

N	Y	N	Y	Y	N	Y
N	Y	N	Y	Y	Y	Y
N	Y	N	Y	Y	Y	Y
N	Y	N	Y	Y	Y	Y
N	Y	N	Y	Y	Y	Y
N	Y	N	Y	Y	Y	Y
Y	Y	N	N	N	Y	Y

INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A
SPECIAL INCOME LEVEL (UP TO 300% SSI)

AGED
BLIND
DISABLED
CHILDREN UNDER (AGE)
CARETAKER RELATIVES
PREGNANT WOMEN

Y	Y	Y	N	Y	Y*	Y
Y	Y	Y	N	Y	Y*	Y
Y	Y	Y	N	Y	Y*	Y
N	21	N	N	N	U*	21
N	Y	N	N	N	Y*	Y
N	Y	N	N	N	Y*	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

TABLE 2-2.1.

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF OPTIONAL ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 14

	DC	FL	GA	HI	ID	IL	IN	IA
PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y	Y	N	Y	N	Y	Y	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y	Y*	Y	Y	N	N	N	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N	Y	N	Y	Y	Y	N	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N	N	N	N	N	N	N	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y	N	N	N	N	N	Y	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	U	N	N	N	N	N	N	Y
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y	Y	Y	Y	Y	N	N	Y
INDIVIDUALS IN HCBSWS	N	Y	Y	Y	Y	Y	N	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21	18	19	21	21	N	18	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y	N	Y	N	Y	N	N	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	Y	N	N	Y	Y	N	N	Y
AGED	Y	N	N	Y	Y	N	N	Y
BLIND	Y	N	N	Y	Y	N	N	Y
DISABLED	Y	N	N	Y	Y	N	N	Y
CARETAKER RELATIVES	Y	Y	N	Y	Y	N	N	Y
PREGNANT WOMEN	Y	Y	N	Y	Y	N	N	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	N	Y	Y	Y	N	N	N	N
AGED	N	Y	Y	Y	N	N	N	N
BLIND	N	Y	Y	Y	N	N	N	N
DISABLED	N	Y	Y	Y	N	N	N	N
CHILDREN UNDER (AGE)	N	21	18	U	N	N	N	N
CARETAKER RELATIVES	N	Y	Y	Y	N	N	N	N
PREGNANT WOMEN	N	Y	Y	Y	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

TABLE 2-2.2.

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF OPTIONAL ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 14

INDIVIDUALS WHO WOULD BE AFDC IF CHILD
CARE COSTS WERE PAID FROM EARNINGS

CHILDREN UNDER (AGE)
CARETAKER RELATIVES
PREGNANT WOMEN

	DC	FL	GA	HI	ID	IL	IN	IA
21		N	N	U	N	N	N	N
Y		N	N	Y	N	N	N	N
Y		N	N	Y	N	N	Y	N

FINANCIALLY ELIGIBLE CHILDREN

ALL CHILDREN UNDER (AGE)
REASONABLE CLASSIFICATIONS
IN FOSTER HOMES UNDER (AGE)
IN PRIVATE INSTITUTIONS UNDER (AGE)
UNDER PRIVATE AGENCY UNDER (AGE)
IN SUBSIDIZED ADOPTIONS UNDER (AGE)
IN NFS UNDER (AGE)
IN ICFS/MR UNDER (AGE)
IN INPATIENT PSYCHIATRIC FACILITIES
UNDER (AGE)
OTHER GROUPS UNDER (AGE)

	DC	FL	GA	HI	ID	IL	IN	IA
21		N	18	N	N	N	N	21
N		21	N	21	21	N	N	N
N		21	N	21	21	N	N	N
N		18	N	21	N	N	N	N
N		18	N	21	N	N	N	N
N		N	N	19	21	N	N	N
N		21	N	19	21	N	N	N
N		N	N	19	N	N	21	N
N		21	N	19	18	21	21	N

INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC
IF AFDC PLAN WERE AS BROAD AS ALLOWED

CHILDREN UNDER (AGE)
CARETAKER RELATIVES
PREGNANT WOMEN

	DC	FL	GA	HI	ID	IL	IN	IA
N		N	N	N	N	N	N	N
N		N	N	N	N	N	N	N
N		N	N	N	N	N	N	N

OPTIONAL STATE SUPPLEMENT RECIPIENTS

AGED
BLIND
DISABLED
AGED IN GROUP LIVING
BLIND IN GROUP LIVING
DISABLED IN GROUP LIVING
OTHER

	DC	FL	GA	HI	ID	IL	IN	IA
Y		N	N	Y	Y	N	Y	Y
N		N	N	N	Y	N	N	N
N		N	N	N	Y	N	N	N
N		N	N	N	Y	N	N	N
N		N	N	Y	Y	Y	N	Y
N		N	N	Y	Y	Y	N	Y
Y		N	N	N	N	N	N	Y

INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A
SPECIAL INCOME LEVEL (UP TO 300% SSI)

AGED
BLIND
DISABLED
CHILDREN UNDER (AGE)
CARETAKER RELATIVES
PREGNANT WOMEN

	DC	FL	GA	HI	ID	IL	IN	IA
N		Y	Y	N	Y	N	Y	Y
N		Y	Y	N	Y	N	Y	Y
N		Y	Y	N	Y	N	Y	Y
N		N	18	N	N	N	N	N
N		N	Y	N	N	N	N	N
N		N	Y	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

TABLE 2-2.1.

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF OPTIONAL ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 14

	KS	KY	LA	ME	MD	MA	MI	MN
PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y	Y	N	Y	Y	N*	N	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N	Y	N	Y	N	Y	N	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N	N	Y	Y	Y	Y	N	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N	N	N	N	N	N	N	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	N	N	N	N*	N	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	Y	N	N	N	N	Y	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y	Y	Y	Y	Y	Y	N	Y
INDIVIDUALS IN HCBSWS	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21	19	18	21	21	18	N	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N	N	N	Y	N	U	Y	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	N	N	Y	Y	Y	Y	N	Y
AGED	N	N	Y	Y	Y	Y	N	Y
BLIND	N	N	Y	Y	Y	Y	N	Y
DISABLED	N	N	Y	Y	Y	Y	N	Y
CARETAKER RELATIVES	N	Y	Y	Y	Y	Y	N	Y
PREGNANT WOMEN	N	Y	Y	Y	Y	Y	N	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	N	Y	N	N	N	Y*	N	N
AGED	N	Y	N	N	N	Y	N	N
BLIND	N	Y	N	N	N	Y	N	N
DISABLED	N	Y	N	N	N	Y	N	N
CHILDREN UNDER (AGE)	N	21	N	N	N	18*	N	N
CARETAKER RELATIVES	N	Y	N	N	N	Y*	N	N
PREGNANT WOMEN	N	Y	N	N	N	Y*	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

TABLE 2-2.2.

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF OPTIONAL ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 14

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS								
CHILDREN UNDER (AGE)	N	N	N	N	N	N	N	N
CARETAKER RELATIVES	N	N	N	N	N	N	N	N
PREGNANT WOMEN	N	N	N	N	N	N	N	N
FINANCIALY ELIGIBLE CHILDREN								
ALL CHILDREN UNDER (AGE)	N	N	N	21	21	18*	N	21
REASONABLE CLASSIFICATIONS								
IN FOSTER HOMES UNDER (AGE)	21	21	21	N	N	N	N	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	21	21	21	N	N	N	N	N
UNDER PRIVATE AGENCY UNDER (AGE)	N	21	N	N	N	N	N	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21	21	N	N	N	N	N	N
IN NFS UNDER (AGE)	21	21	18	N	N	N	N	N
IN ICFS/MR UNDER (AGE)	21	21	18	N	N	N	N	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21	21	18	N	N	N	N	N
OTHER GROUPS UNDER (AGE)	21	21	N	N	N	N	N	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED								
CHILDREN UNDER (AGE)	N	N	N	N	N	N	N	N
CARETAKER RELATIVES	N	N	N	N	N	N	N	N
PREGNANT WOMEN	N	N	N	N	N	N	N	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS								
AGED	N	Y	N	Y	Y	Y	Y	Y
BLIND	N	N	N	Y	N	Y	Y	Y
DISABLED	N	N	N	Y	N	Y	Y	N
AGED IN GROUP LIVING	N	Y	N	Y	Y	Y	Y	N
BLIND IN GROUP LIVING	N	Y	N	Y	Y	Y	N	N
DISABLED IN GROUP LIVING	N	Y	N	Y	Y	Y	N	N
OTHER	N	Y	N	Y	N	N*	N	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)								
AGED	Y	Y	Y	Y	Y	Y	Y	N
BLIND	Y	Y	Y	Y	Y	Y	Y	N
DISABLED	Y	Y	Y	Y	Y	Y	Y	N
CHILDREN UNDER (AGE)	21	21	N	21	21	18*	N	N
CARETAKER RELATIVES	Y	Y	N	Y	Y	N*	N	N
PREGNANT WOMEN	Y	Y	N	Y	Y	N*	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

TABLE 2-2.1.

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF OPTIONAL ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 7 OF 14

	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y	N	N	N	Y	N	Y	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y	N	N	Y	Y	Y	Y	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N	Y	Y	Y	N	N	Y	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N	N	Y	N	N	N	Y	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	N	N	U	Y	Y	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	N	N	U	Y	U	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y	N	Y	N	Y	Y	Y	Y
INDIVIDUALS IN HCBSWS	N	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21*	21	21	21	U	19	21	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y	N	N	Y	Y	Y	N	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT								
AGED	N	N	Y	N	Y	Y	Y	N
BLIND	N	N	Y	N	Y	Y	Y	N
DISABLED	N	N	Y	N	Y	Y	Y	N
CARETAKER RELATIVES	N	N	N	N	Y	Y	Y	N
PREGNANT WOMEN	N	N	Y	N	Y	Y	Y	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS								
AGED	N	N	Y	N	N	N	Y	N
BLIND	N	N	Y	N	N	N	Y	N
DISABLED	N	N	Y	N	N	N	Y	N
CHILDREN UNDER (AGE)	N	N	21	N	U	N	21	N
CARETAKER RELATIVES	N	N	Y	N	N	N	Y	N
PREGNANT WOMEN	N	N	Y	N	N	N	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

TABLE 2-2.2.

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF OPTIONAL ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 8 OF 14

INDIVIDUALS WHO WOULD BE AFDC IF CHILD
CARE COSTS WERE PAID FROM EARNINGS

CHILDREN UNDER (AGE)
CARETAKER RELATIVES
PREGNANT WOMEN

	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
N			21	N	U	N	N	N
N*		N	Y	N	N	N	N	N
N*		N	Y	N	Y	N	N	N

FINANCIALLY ELIGIBLE CHILDREN

ALL CHILDREN UNDER (AGE)
REASONABLE CLASSIFICATIONS
IN FOSTER HOMES UNDER (AGE)
IN PRIVATE INSTITUTIONS UNDER (AGE)
UNDER PRIVATE AGENCY UNDER (AGE)
IN SUBSIDIZED ADOPTIONS UNDER (AGE)
IN NFS UNDER (AGE)
IN ICFS/MR UNDER (AGE)
IN INPATIENT PSYCHIATRIC FACILITIES
UNDER (AGE)
OTHER GROUPS UNDER (AGE)

	18	N	N	20	U	N	21	N
21*		21	21	N	19	19	N	18
21*		21	21	N	N	19	N	18
N		N	21	N	19	N	N	N
21*		21	21	N	19	19	N	N
N		18	21	N	U	N	N	N
N		18	21	N	19	N	N	N
N		21	N	N	N	19	N	N
N		21	21	N	N	19	N	N

INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC
IF AFDC PLAN WERE AS BROAD AS ALLOWED

CHILDREN UNDER (AGE)
CARETAKER RELATIVES
PREGNANT WOMEN

	N	N	N	N	19	N	N	N
N		N	N	N	19	N	N	N
N		N	N	N	U	N	N	N
N		N	N	N	U	N	N	N

OPTIONAL STATE SUPPLEMENT RECIPIENTS

AGED
BLIND
DISABLED
AGED IN GROUP LIVING
BLIND IN GROUP LIVING
DISABLED IN GROUP LIVING
OTHER

	N	N	N	N	Y	Y	Y	Y
N		N	N	N	Y	Y	Y	N
N		N	N	N	Y	Y	Y	N
N		N	N	N	Y	Y	Y	N
N		N	N	N	Y	Y	Y	N
N		N	N	N	Y	Y	Y	N
N		N	N	N	Y	Y	Y	N
N		N	N	N	Y	Y	Y	N

INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A
SPECIAL INCOME LEVEL (UP TO 300% SSI)

AGED
BLIND
DISABLED
CHILDREN UNDER (AGE)
CARETAKER RELATIVES
PREGNANT WOMEN

	Y	Y	Y	N	Y	Y	Y	Y
Y		Y	N	N	Y	Y	Y	Y
Y		N	N	N	Y	Y	Y	Y
Y		N	N	N	Y	Y	Y	Y
N		N	N	N	U	18	N	21
N		N	N	N	N	Y	N	Y
N		N	N	N	N	Y	N	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

TABLE 2-2.1.

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF OPTIONAL ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 9 OF 14

	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y	Y	N	N	Y	N	Y	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N	N	N	N	N	N	Y	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y	Y	N	N	Y	N	Y	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	Y*	N	N	N	N	N	N	Y
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y	Y	N	N	N	N	N	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	Y	N	N	N	N	N	Y
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y	N	N	Y	Y	Y	Y	Y
INDIVIDUALS IN HCBSWS	Y	Y	N	Y	Y	Y	Y	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21	N	21	21	21	18	19	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N	N	N	N	N	N	Y	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	Y	Y	N	N	Y	Y	Y	Y
AGED BLIND DISABLED CARETAKER RELATIVES PREGNANT WOMEN	Y	Y	N	N	Y	Y	Y	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	N	N	Y	Y	N	N	Y	N
AGED BLIND DISABLED CHILDREN UNDER (AGE) CARETAKER RELATIVES PREGNANT WOMEN	N	N	Y	Y	N	N	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF OPTIONAL ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

	- NY - - NC - - ND - - OH - - OK - - OR - - PA - - RI -									
INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS										
CHILDREN UNDER (AGE)	21	N	N	N	N	21	N	21	19	
CARETAKER RELATIVES	Y	N	N	N	N	Y	N	Y	Y	
PREGNANT WOMEN	Y	N	N	N	N	Y	N	Y	Y	
FINANCIALLY ELIGIBLE CHILDREN										
ALL CHILDREN UNDER (AGE)	21	18	21	N	N	21	N	21	N	
REASONABLE CLASSIFICATIONS										
IN FOSTER HOMES UNDER (AGE)	N	N	N	21	21	N	21	N	21	
IN PRIVATE INSTITUTIONS UNDER (AGE)	N	N	N	21	21	N	21	N	21	
UNDER PRIVATE AGENCY UNDER (AGE)	N	N	N	21	21	N	N	N	21	
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N	N	N	21	21	N	N	N	N	
IN NFS UNDER (AGE)	N	N	N	21	21	N	21	N	21	
IN ICFS/MR UNDER (AGE)	N	N	N	21	21	N	21	N	21	
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N	N	N	21	21	N	21	N	N	
OTHER GROUPS UNDER (AGE)	N	N	N	21	21	N	21	N	N	
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED										
CHILDREN UNDER (AGE)	N	N	N	N	N	21	N	N	N	
CARETAKER RELATIVES	N	N	N	N	N	Y	N	N	Y	
PREGNANT WOMEN	N	N	N	N	N	Y	N	N	Y	
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y	Y	N	N	Y	Y	Y	Y	N	
AGED	Y	N	N	N	N	Y	Y	Y	Y	
BLIND	Y	N	N	N	N	Y	Y	Y	Y	
DISABLED	Y	N	N	N	N	Y	Y	Y	Y	
AGED IN GROUP LIVING	N	Y	N	N	Y	Y	Y	Y	Y	
BLIND IN GROUP LIVING	N	Y	N	N	Y	Y	Y	Y	Y	
DISABLED IN GROUP LIVING	N	Y	N	N	Y	Y	Y	Y	Y	
OTHER	N	N	N	N	N	N	Y	Y	Y	
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)										
AGED	N	N	N	N	Y	Y	Y	Y	Y	
BLIND	N	N	N	N	Y	Y	Y	Y	Y	
DISABLED	N	N	N	N	Y	Y	Y	Y	Y	
CHILDREN UNDER (AGE)	N	N	N	21	N	N	N	N	19	
CARETAKER RELATIVES	N	N	N	Y	N	N	N	N	Y	
PREGNANT WOMEN	N	N	N	Y	N	N	N	N	Y	

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

TABLE 2-2.1.

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF OPTIONAL ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 11 OF 14

	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y	N	Y	Y	N	Y	N	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y	N	N	N	N	Y	N	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N	N	Y	Y	Y	N	N	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N	N	N	N	N	N	N	Y
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	N	N	N	N	N	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	N	N	Y	N	N	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS IN HCBSWS	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21	N	N	N	18	21	21	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N	Y	N	N	N	Y	N	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	N	N	Y	N	N	Y	Y	Y
AGED	N	N	Y	N	N	Y	Y	Y
BLIND	N	N	Y	N	N	Y	Y	Y
DISABLED	N	N	Y	N	N	Y	Y	Y
CARETAKER RELATIVES	N	N	Y	N	Y	Y	Y	Y
PREGNANT WOMEN	N	N	Y	N	Y	Y	Y	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS								
AGED	N	N	N	N	N	Y	N	Y
BLIND	N	N	N	N	N	Y	N	Y
DISABLED	N	N	N	N	N	Y	N	Y
CHILDREN UNDER (AGE)	N	N	N	N	21	Y	N	Y
CARETAKER RELATIVES	N	N	N	N	Y	Y	N	Y
PREGNANT WOMEN	N	N	N	N	Y	Y	N	Y

TABLE 2-2.2.

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF OPTIONAL ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 12 OF 14

	SC	SD	TN	TX	UT	VT	VA	WA
INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS								
CHILDREN UNDER (AGE)	N	N	N	N	N	21	N	N
CARETAKER RELATIVES	N	N	N	N	N	Y	N	N
PREGNANT WOMEN	N	N	N	N	N	Y	N	N
FINANCIALLY ELIGIBLE CHILDREN								
ALL CHILDREN UNDER (AGE)	19	N	21	N	18	21	N	19
REASONABLE CLASSIFICATIONS								
IN FOSTER HOMES UNDER (AGE)	21	N	N	N	N	N	21	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21	N	N	N	N	N	21	21
UNDER PRIVATE AGENCY UNDER (AGE)	N	N	N	N	N	N	21	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N	21	N	N	N	N	21	21
IN NFS UNDER (AGE)	N	21	N	N	N	N	21	21
IN ICFs/MR UNDER (AGE)	N	21	N	N	N	N	21	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N	N	N	N	N	N	N	21
OTHER GROUPS UNDER (AGE)	N	21	N	19	N	N	N	21
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED								
CHILDREN UNDER (AGE)	N	N	N	N	N	21	N	N
CARETAKER RELATIVES	N	N	N	N	N	Y	N	U
PREGNANT WOMEN	N	N	N	N	N	Y	N	U
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y	Y	N	N	Y	Y	Y	Y
AGED	N	N	N	N	Y	Y	N	Y
BLIND	N	N	N	N	Y	Y	N	Y
DISABLED	N	N	N	N	Y	Y	N	Y
AGED IN GROUP LIVING	Y	Y	N	N	N	Y	Y	Y
BLIND IN GROUP LIVING	Y	Y	N	N	N	Y	Y	Y
DISABLED IN GROUP LIVING	Y	Y	N	N	N	Y	Y	Y
OTHER	N	N	N	N	Y	Y	N	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)								
AGED	Y	Y	Y	Y	Y	Y	Y	Y
BLIND	Y	Y	Y	Y	Y	Y	Y	Y
DISABLED	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER (AGE)	N	21	21	N	21	21	21	21
CARETAKER RELATIVES	N	N	Y	N	Y	Y	Y	Y
PREGNANT WOMEN	N	N	Y	N	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

TABLE 2-2.1.

HCFA STATE PROFILE DATA SYSTEM
IMPLEMENTATION OF OPTIONAL ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 13 OF 14

	- WV -	- WI -	- WY -
PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y	N	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N	N	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N	Y	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N	N	Y
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	Y	Y
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	N	Y	Y
INDIVIDUALS IN HCBSWS	Y	Y	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21	N	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y	Y	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT			
AGED	Y	Y	N
BLIND	Y	Y	N
DISABLED	Y	Y	N
CARETAKER RELATIVES	Y	Y	N
PREGNANT WOMEN	Y	Y	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS			
AGED	N	Y	N
BLIND	N	Y	N
DISABLED	N	Y	N
CHILDREN UNDER (AGE)	N	N	N
CARETAKER RELATIVES	N	Y	N
PREGNANT WOMEN	N	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

INDIVIDUALS WHO WOULD BE AFDC IF CHILD
CARE COSTS WERE PAID FROM EARNINGS

CHILDREN UNDER (AGE)
CARETAKER RELATIVES
PREGNANT WOMEN

N N U N N
N Y Y N N
N N N N N

FINANCIALLY ELIGIBLE CHILDREN

ALL CHILDREN UNDER (AGE)
REASONABLE CLASSIFICATIONS
IN FOSTER HOMES UNDER (AGE)
IN PRIVATE INSTITUTIONS UNDER (AGE)
UNDER PRIVATE AGENCY UNDER (AGE)
IN SUBSIDIZED ADOPTIONS UNDER (AGE)
IN NFS UNDER (AGE)
IN ICFS/MR UNDER (AGE)
IN INPATIENT PSYCHIATRIC FACILITIES
UNDER (AGE)
OTHER GROUPS UNDER (AGE)

N N 18 N N
21 N N 21
N N N 21
18 N N 21
18 21 N
18 21 N
21 21 N
21 N
N U 19

INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC
IF AFDC PLAN WERE AS BROAD AS ALLOWED

CHILDREN UNDER (AGE)
CARETAKER RELATIVES
PREGNANT WOMEN

N N N N
N N N N
N N N N

OPTIONAL STATE SUPPLEMENT RECIPIENTS

AGED
BLIND
DISABLED
AGED IN GROUP LIVING
BLIND IN GROUP LIVING
DISABLED IN GROUP LIVING
OTHER

N N Y Y
N Y Y Y
N Y Y Y
N Y Y Y
N Y Y Y
N Y Y Y
N Y Y Y

INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A
SPECIAL INCOME LEVEL (UP TO 300% SSI)

AGED
BLIND
DISABLED
CHILDREN UNDER (AGE)
CARETAKER RELATIVES
PREGNANT WOMEN

Y Y Y Y
Y Y Y Y
Y Y Y Y
N N N N
N N N N

TABLE 2-3.

HCFA STATE PROFILE DATA SYSTEM
OPTIONAL COVERAGE OF THE MEDICALLY NEEDY
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 5

	AR	CA	CT	DC	FL	GA	HI	IL
INDIVIDUALS WHO MUST BE INCLUDED								
PREGNANT WOMEN	Y	Y	Y*	Y	Y	Y	Y	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y	N	Y*	Y	Y	Y	Y	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS								
MANDATORY CATEGORICALLY NEEDY	Y	Y	Y*	Y	Y	Y	Y	Y
INFANTS UNDER 1 BORN TO MEDICALLY								
NEEDY MOTHERS	Y	Y	Y*	Y	Y	Y	Y	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE								
SINCE 1973	Y	Y	Y*	Y	Y	Y	Y	N
INDIVIDUALS INCLUDED AT STATE OPTION								
CARETAKER RELATIVES	Y	Y	Y*	Y	Y	N	Y	Y
AGED	Y	Y	Y*	Y	Y	Y	Y	Y
BLIND	Y	Y	Y*	Y	Y	Y	Y	Y
DISABLED	Y	Y	Y*	Y	Y	Y	Y	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N	N	Y*	Y	N	N	N	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES								
FOR MINIMUM ENROLLMENT PERIODS	Y	N	U*	N	N	N	N	N
FINANCIALLY ELIGIBLE CHILDREN								
ALL CHILDREN UNDER (AGE)	18	21	21*	21	21	N	19	N
REASONABLE CLASSIFICATIONS								
UNDER PUBLIC AGENCIES UNDER (AGE)	21	N	N*	N	21	18	19	N
IN FOSTER HOMES UNDER (AGE)	21	N	N*	N	21	18	21	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	21	N	N*	N	21	21	21	N
UNDER PRIVATE AGENCY UNDER (AGE)	N	N	N*	N	21	18	21	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N	N	N*	N	21	18	21	N
IN NFS UNDER (AGE)	N	N	N*	N	N	N	19	N
IN INPATIENT PSYCHIATRIC FACILITIES								
UNDER (AGE)	21	N	N*	N	N	N	19	N
OTHER GROUPS UNDER (AGE)	N	N	N*	N	21	N	19	21

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

TABLE 2-3.

OPTIONAL COVERAGE OF THE MEDICALLY NEEDY
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

INDIVIDUALS WHO MUST BE INCLUDED

	IA	KS	KY	LA	ME	MD	MA	MI
PREGNANT WOMEN								
WOMEN RECEIVING POSTPARTUM SERVICES	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS	Y	Y	Y	Y	Y	Y	Y	Y
MANDATORY CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
INFANTS UNDER 1 BORN TO MEDICALLY	Y	Y	Y	Y	Y	Y	Y	Y
NEEDY MOTHERS	Y	Y	Y	Y	Y	Y	Y	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE	Y	Y	Y	Y	Y	Y	Y	Y
SINCE 1973								

INDIVIDUALS INCLUDED AT STATE OPTION

	IA	KS	KY	LA	ME	MD	MA	MI
CARETAKER RELATIVES	Y	N	Y	Y	Y	Y	Y	Y
AGED	Y	Y	Y	Y	Y	Y	Y	Y
BLIND	Y	Y	Y	Y	Y	Y	Y	Y
DISABLED	Y	Y	Y	Y	Y	Y	Y	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N	N	N	N	N	N	N*	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES	N	N	N	N*	N	N	N	N
FOR MINIMUM ENROLLMENT PERIODS								
FINANCIALLY ELIGIBLE CHILDREN	21	N	19	19	21	21	N*	21
ALL CHILDREN UNDER (AGE)								
REASONABLE CLASSIFICATIONS								
UNDER PUBLIC AGENCIES UNDER (AGE)	N	21	19	21	N	21	N	21
IN FOSTER HOMES UNDER (AGE)	N	21	19	21	N	21	N	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	N	21	19	21	N	21	N	21
UNDER PRIVATE AGENCY UNDER (AGE)	N	N	19	21	N	21	N	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N	21	19	N	N	21	N	21
IN NFS UNDER (AGE)	N	21	19	N	N	21	N	21
IN INPATIENT PSYCHIATRIC FACILITIES								
UNDER (AGE)	N	21	19	N	N	21	N	21
OTHER GROUPS UNDER (AGE)	N	21	19	N	N	N	N	21

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

TABLE 2-3.

HCFA STATE PROFILE DATA SYSTEM
OPTIONAL COVERAGE OF THE MEDICALLY NEEDY
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

	- MN -	- MT -	- NE -	- NH -	- NJ -	- NY -	- NC -	- ND -
INDIVIDUALS WHO MUST BE INCLUDED								
PREGNANT WOMEN	Y	Y	Y	Y	Y	Y	Y	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS								
MANDATORY CATEGORY CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
INFANTS UNDER 1 BORN TO MEDICALLY								
NEEDY MOTHERS	Y	Y	Y	Y	Y	Y	Y	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE								
SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS INCLUDED AT STATE OPTION								
CARETAKER RELATIVES								
AGED	Y	N	N	Y	N	Y	Y	Y
BLIND	Y	Y	Y	Y	Y	Y	Y	Y
DISABLED	Y	Y	Y	Y	Y	Y	Y	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N	N	N	N	N	Y	N	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES								
FOR MINIMUM ENROLLMENT PERIODS	N	N	N	Y	Y	N	N	N
FINANCIALLY ELIGIBLE CHILDREN								
ALL CHILDREN UNDER (AGE)	21	N	21	N	21	21	21	21
REASONABLE CLASSIFICATIONS								
UNDER PUBLIC AGENCIES UNDER (AGE)	N	21	N	19	N	N	21	N
IN FOSTER HOMES UNDER (AGE)	N	21	N	19	N	N	21	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N	21	N	19	N	N	21	N
UNDER PRIVATE AGENCY UNDER (AGE)	N	21	N	N	N	N	21	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N	21	N	19	N	N	21	N
IN NFS UNDER (AGE)	N	21	N	N	N	N	21	N
IN INPATIENT PSYCHIATRIC FACILITIES								
UNDER (AGE)	N	N	N	19	N	N	21	N
OTHER GROUPS UNDER (AGE)	N	21	N	19	N	N	21	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

TABLE 2-3.

OPTIONAL COVERAGE OF THE MEDICALLY NEEDY
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

	- OK -	- OR -	- PA -	- RI -	- TN -	- TX -	- UT -	- VT -
INDIVIDUALS WHO MUST BE INCLUDED								
PREGNANT WOMEN	Y	Y	Y	Y	Y	Y	Y	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS								
MANDATORY CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
INFANTS UNDER 1 BORN TO MEDICALLY								
NEEDY MOTHERS	Y	Y	Y	Y	Y	Y	Y	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE								
SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS INCLUDED AT STATE OPTION								
CARETAKER RELATIVES	Y	N	Y	Y	Y	Y	Y	Y
AGED	Y	Y	Y	Y	Y	N	Y	Y
BLIND	Y	Y	Y	Y	Y	N	Y	Y
DISABLED	Y	Y	Y	Y	Y	N	Y	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N	N	N	N	N	N	N	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES								
FOR MINIMUM ENROLLMENT PERIODS								
FINANCIALLY ELIGIBLE CHILDREN	N	N	N	Y	N	N	Y	N
ALL CHILDREN UNDER (AGE)	21	N	21	N	21	18	18	21
REASONABLE CLASSIFICATIONS								
UNDER PUBLIC AGENCIES UNDER (AGE)	N	N	21	21	21	N	N	N
IN FOSTER HOMES UNDER (AGE)	N	21	21	21	21	N	N	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N	21	21	21	21	N	N	N
UNDER PRIVATE AGENCY UNDER (AGE)	N	N	21	21	21	N	N	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N	N	21	N	21	N	N	N
IN NFS UNDER (AGE)	N	21	21	21	21	N	N	N
IN INPATIENT PSYCHIATRIC FACILITIES								
UNDER (AGE)	N	N	21	21	21	N	N	N
OTHER GROUPS UNDER (AGE)	N	N	18	N	21	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

TABLE 2-3.

HCFA STATE PROFILE DATA SYSTEM
OPTIONAL COVERAGE OF THE MEDICALLY NEEDY
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 5

----- VA ----- WA ----- WV ----- WI -----

INDIVIDUALS WHO MUST BE INCLUDED

PREGNANT WOMEN	Y	Y	Y	Y	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y	Y	Y	Y	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS					
MANDATORY CATEGORICALLY NEEDY	Y	Y	Y	Y	Y
INFANTS UNDER 1 BORN TO MEDICALLY					
NEEDY MOTHERS	Y	Y	Y	Y	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE					
SINCE 1973	Y	Y	Y	Y	Y

INDIVIDUALS INCLUDED AT STATE OPTION

CARETAKER RELATIVES	N	Y	Y	Y	Y	N
AGED	Y	Y	Y	Y	Y	Y
BLIND	Y	Y	Y	Y	Y	Y
DISABLED	Y	Y	Y	Y	Y	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N	N	N	N	N	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES						
FOR MINIMUM ENROLLMENT PERIODS						
FINANCIALLY ELIGIBLE CHILDREN	N	N	N	N	N	N
ALL CHILDREN UNDER (AGE)	N	19	19	19	19	19
REASONABLE CLASSIFICATIONS						
UNDER PUBLIC AGENCIES UNDER (AGE)	21	21	N	N	N	N
IN FOSTER HOMES UNDER (AGE)	21	21	N	N	N	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	21	21	N	N	N	N
UNDER PRIVATE AGENCY UNDER (AGE)	21	21	N	N	N	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21	21	N	N	N	N
IN NFS UNDER (AGE)	21	21	N	N	N	21
IN INPATIENT PSYCHIATRIC FACILITIES						
UNDER (AGE)	21	21	N	N	N	N
OTHER GROUPS UNDER (AGE)	N	21	N	N	N	21

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

TABLE 2-4.

HCFA STATE PROFILE DATA SYSTEM
AFDC PAYMENT STANDARDS (DOLLARS)
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 2

STATE	1-PERSON	2-PERSONS	3-PERSONS	4-PERSONS	5-PERSONS	RURAL	VARIANCES
ALABAMA	100.00	123.00	149.00	168.00	194.00	N	N
ALASKA	498.00	845.00	950.00	1055.00	1160.00	Y	Y
ARIZONA	567.00	765.00	964.00	1162.00	1360.00	Y	Y
ARKANSAS	81.00	162.00	204.00	247.00	286.00	N	N
CALIFORNIA	326.00	535.00	663.00	788.00	899.00	N	N
COLORADO	214.00	280.00	356.00	432.00	512.00	N	N
CONNECTICUT	411.00*	524.00*	649.00*	756.00*	853.00*	N	N
DELAWARE	201.00	270.00	338.00	407.00	475.00	N	N
DIST OF COL	450.00	560.00	712.00	870.00	1002.00	N	N
FLORIDA	180.00	241.00	303.00	364.00	426.00	Y	Y
GEORGIA	155.00	235.00	280.00	330.00	378.00	N	N
HAWAII	357.00	480.00	602.00	725.00	846.00	N	N
IDAHO	205.00	251.00	317.00	382.00	448.00	N	N
ILLINOIS	212.00	268.00	367.00	414.00	485.00	Y	Y
INDIANA	155.00	255.00	320.00	385.00	450.00	N	N
IOWA	183.00	361.00	426.00	495.00	548.00	N	N
KANSAS	265.00	347.00	422.00	488.00	547.00	Y	Y
KENTUCKY	162.00	196.00	228.00	285.00	333.00	N	N
LOUISIANA	72.00	138.00	190.00	234.00	277.00	Y	Y
MAINE	214.00	337.00	453.00	569.00	685.00	N	N
MARYLAND	179.00	317.00	406.00	489.00	566.00	N	N
MASSACHUSETTS	392.00	486.00	579.00	668.00	760.00	N	N
MICHIGAN	305.00	401.00	489.00	593.00	689.00	Y	Y
MINNESOTA	437.00	532.00	621.00	697.00	773.00	N	N
MISSISSIPPI	218.00	293.00	368.00	443.00	518.00	N	N
MISSOURI	136.00	234.00	292.00	342.00	388.00	N	N
MONTANA	235.00	318.00	401.00	484.00	567.00	N	N
NEBRASKA	222.00	293.00	364.00	435.00	506.00	N	N
NEVADA	246.00	309.00	372.00	435.00	498.00	N	N
NEW HAMPSHIRE	388.00	451.00	516.00	575.00	631.00	N	N
NEW JERSEY	162.00	322.00	424.00	488.00	552.00	N	N
NEW MEXICO	209.00	283.00	357.00	431.00	504.00	N	N
NEW YORK	119.10	189.50	253.00	326.70	402.70	N	N
NORTH CAROLINA	181.00	236.00	272.00	297.00	324.00	N	N
NORTH DAKOTA	221.00	333.00	409.00	501.00	569.00	N	N

TABLE 2-4. (CONT.)

HCFA STATE PROFILE DATA SYSTEM

PAGE 2 OF 2

AFDC PAYMENT STANDARDS (DOLLARS)

EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

STATE	1-PERSON	2-PERSONS	3-PERSONS	4-PERSONS	5-PERSONS	RURAL VARIANCES
OHIO	203.00	279.00	341.00	421.00	493.00	N
OKLAHOMA	200.00	251.00	324.00	402.00	470.00	N
OREGON	310.00	395.00	460.00	565.00	660.00	N
PENNSYLVANIA	215.00	330.00	421.00	514.00	607.00	Y
RHODE ISLAND	327.00	449.00	554.00	632.00	710.00	N
SOUTH CAROLINA	124.00	167.00	210.00	252.00	295.00	N
SOUTH DAKOTA	293.00*	368.00*	417.00*	464.00*	512.00*	N
TENNESSEE	95.00	142.00	185.00	226.00	264.00	N
TEXAS	75.00	158.00	184.00	221.00	246.00	Y
UTAH	233.00	323.00	402.00	470.00	536.00	N
VERMONT	465.00	567.00	673.00	755.00	845.00	Y
VIRGINIA	220.00	294.00	354.00	410.00	488.00	Y
WASHINGTON	349.00	440.00	546.00	642.00	740.00	N
WEST VIRGINIA	145.00	201.00	249.00	312.00	360.00	Y
WISCONSIN	311.00	550.00	647.00	772.00	886.00	Y
WYOMING	195.00	320.00	360.00	390.00	450.00	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

SPENDDOWN PERIOD (MONTHS)
 AND (MONTHS)

INCOME LEVELS

AFDC RELATED/ALL

1-PERSON	108.00	575.00	571.90*	407.00	180.00	208.00	418.00	283.00
2-PERSONS	217.00	717.00	730.17*	482.00	241.00	317.00	555.00	358.00
3-PERSONS	275.00	892.00	940.40*	545.00	303.00	375.00	712.00	492.00
4-PERSONS	333.00	1049.00	1053.36*	665.00	364.00	442.00	859.00	558.00
5-PERSONS	383.00	1200.00	1187.69	766.00	426.00	508.00	1006.00	650.00

RURAL VARIANCES EXIST

AGED, BLIND AND DISABLED
 (209(B) STATES)

1-PERSON	NA	NA	571.90*	NA	NA	NA	418.00	283.00
2-PERSONS	NA	NA	730.17*	NA	NA	NA	565.00	358.00
3-PERSONS	NA	NA	940.40*	NA	NA	NA	712.00	492.00
4-PERSONS	NA	NA	1053.36*	NA	NA	NA	859.00	558.00
5-PERSONS	NA	NA	1187.69	NA	NA	NA	1006.00	650.00

RURAL VARIANCES EXIST

RESOURCE LEVELS

AFDC RELATED/ALL

1-PERSON	2000.00	2000.00	2000.00*	2600.00	5000.00	2000.00	2000.00	2000.00
2-PERSONS	3000.00	3000.00	3000.00*	3000.00	6000.00	4000.00	3000.00	3000.00
3-PERSONS	3100.00	3150.00	3100.00*	3100.00	6000.00	4100.00	3250.00	3050.00
4-PERSONS	3200.00	3300.00	3200.00*	3200.00	6500.00	4200.00	3500.00	3100.00
5-PERSONS	3300.00	3450.00	3300.00*	3300.00	7000.00	4300.00	3750.00	3150.00

AGED, BLIND AND DISABLED
 (209(B) STATES)

1-PERSON	NA	NA	2000.00*	NA	NA	NA	2000.00	2000.00
2-PERSONS	NA	NA	3000.00*	NA	NA	NA	3000.00	3000.00
3-PERSONS	NA	NA	3100.00*	NA	NA	NA	3250.00	3050.00
4-PERSONS	NA	NA	3200.00*	NA	NA	NA	3500.00	3100.00
5-PERSONS	NA	NA	3300.00*	NA	NA	NA	3750.00	3150.00

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 U = UNAVAILABLE
 NA = NOT APPLICABLE
 NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

SPENDDOWN PERIOD (MONTHS) AND (MONTHS)	IA	KS	KY	LA	ME	MD	MA	MI
	2	1	3	3	6	6	6	1
	6	6	N	N	1	6	1	N

INCOME LEVELS

AFDC RELATED/ALL

1-PERSON	483.00	434.00	217.00	100.00	315.00*	342.00	522.00	408.00
2-PERSONS	483.00	475.00	267.00	192.00	341.00*	384.00	650.00	541.00
3-PERSONS	566.00	480.00	308.00	258.00	458.00*	425.00	775.00	567.00
4-PERSONS	666.00	497.00	383.00	317.00	576.33*	467.00	891.00	593.00
5-PERSONS	733.00	558.00	450.00	375.00	691.00*	511.00	1016.00	689.00
RURAL VARIANCES EXIST	N	N	N	Y	N	N	N	Y

AGED, BLIND AND DISABLED

(209(B) STATES)

1-PERSON	NA	NA	NA	NA	NA	NA	NA	NA
2-PERSONS	NA	NA	NA	NA	NA	NA	NA	NA
3-PERSONS	NA	NA	NA	NA	NA	NA	NA	NA
4-PERSONS	NA	NA	NA	NA	NA	NA	NA	NA
5-PERSONS	NA	NA	NA	NA	NA	NA	NA	NA
RURAL VARIANCES EXIST	N	N	N	N	N	N	N	N

RESOURCE LEVELS

AFDC RELATED/ALL

1-PERSON	10000.00	2000.00	2000.00	2000.00	2000.00	2500.00	2000.00	2000.00
2-PERSONS	10000.00	3000.00	4000.00	3000.00	3000.00	3000.00	3000.00	3000.00
3-PERSONS	10000.00	3000.00	4050.00	3025.00	3100.00	3100.00	3100.00	3200.00
4-PERSONS	10000.00	3000.00	4100.00	3050.00	3200.00	3200.00	3200.00	3400.00
5-PERSONS	10000.00	3000.00	4150.00	3075.00	3400.00	3300.00	3300.00	3600.00

AGED, BLIND AND DISABLED

(209(B) STATES)

1-PERSON	NA	NA	NA	NA	NA	NA	NA	NA
2-PERSONS	NA	NA	NA	NA	NA	NA	NA	NA
3-PERSONS	NA	NA	NA	NA	NA	NA	NA	NA
4-PERSONS	NA	NA	NA	NA	NA	NA	NA	NA
5-PERSONS	NA	NA	NA	NA	NA	NA	NA	NA

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NA = NOT APPLICABLE

NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

TABLE 2-5.

HCFA STATE PROFILE DATA SYSTEM
FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 5

SPENDDOWN PERIOD (MONTHS) AND (MONTHS)		MN		MT		NE		NH		NJ		NY		NC		ND	
		6	N	1	N	6	N	1	N	6	N	1	N	6	N	1	N
INCOME LEVELS																	
AFDC RELATED/ALL																	
1-PERSON	466.00	425.00	392.00	448.00*	350.00	525.00	242.00	369.00									
2-PERSONS	582.00	425.00	392.00	641.00*	433.00	759.00	317.00	428.00									
3-PERSONS	709.00	455.00	492.00	652.00*	566.00	767.00	367.00	465.00									
4-PERSONS	828.00	484.00	584.00	662.00*	658.00	850.00	400.00	556.00									
5-PERSONS	929.00	567.00	675.00	673.00*	741.00	992.00	433.00	625.00									
RURAL VARIANCES EXIST	N	N	N	N	N	N	N	N									
AGED, BLIND AND DISABLED (209(B) STATES)																	
1-PERSON	420.00	NA	NA	448.00*	NA	NA	242.00	369.00									
2-PERSONS	525.00	NA	NA	641.00*	NA	NA	317.00	428.00									
3-PERSONS	639.00	NA	NA	652.00*	NA	NA	367.00	465.00									
4-PERSONS	746.00	NA	NA	662.00*	NA	NA	400.00	556.00									
5-PERSONS	837.00	NA	NA	673.00*	NA	NA	433.00	625.00									
RURAL VARIANCES EXIST	N	N	N	N	N	N	N	N									
RESOURCE LEVELS																	
AFDC RELATED/ALL																	
1-PERSON	3750.00	2000.00	4000.00	2500.00	4000.00	3150.00	1500.00	3000.00									
2-PERSONS	6450.00	3000.00	6000.00	4000.00	6000.00	4550.00	2250.00	6000.00									
3-PERSONS	6650.00	3100.00	6025.00	4000.00	6100.00	4600.00	2350.00	6025.00									
4-PERSONS	6850.00	3200.00	6050.00	4000.00	6200.00	5100.00	2450.00	6050.00									
5-PERSONS	7100.00	3300.00	6075.00	4000.00	6300.00	5950.00	2550.00	6075.00									
AGED, BLIND AND DISABLED (209(B) STATES)																	
1-PERSON	3750.00	NA	NA	NA	NA	NA	1500.00	3000.00									
2-PERSONS	6450.00	NA	NA	NA	NA	NA	2250.00	6000.00									
3-PERSONS	6650.00	NA	NA	NA	NA	NA	2350.00	6025.00									
4-PERSONS	6850.00	NA	NA	NA	NA	NA	2450.00	6050.00									
5-PERSONS	7100.00	NA	NA	NA	NA	NA	2550.00	6075.00									

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NA = NOT APPLICABLE

NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

	- OK -	- OR -	- PA -	- RI -	- TN -	- TX -	- UT -	- VT -
Spenddown Period (Months) and (Months)	3 N	1 N	6 1	1 6	1 N	1 N	1 N	6 1
INCOME LEVELS								
AFDC RELATED/ALL								
1-PERSON	284.00	413.00	425.00*	567.00	175.00	100.00	361.00*	741.00
2-PERSONS	359.00	526.00	442.00*	600.00	192.00	211.00	443.00*	741.00
3-PERSONS	459.00	613.00	467.00*	742.00	250.00	267.00	553.00*	883.00
4-PERSONS	567.00	753.00	567.00*	850.00	308.00	301.00	646.00*	991.00
5-PERSONS	667.00	879.00	675.00*	950.00	358.00	349.00	736.00*	1133.00
RURAL VARIANCES EXIST	N	N	N	N	N	N	N	Y
AGED, BLIND AND DISABLED (209(B) STATES)								
1-PERSON	284.00	NA	NA	NA	NA	NA	NA	NA
2-PERSONS	359.00	NA	NA	NA	NA	NA	NA	NA
3-PERSONS	459.00	NA	NA	NA	NA	NA	NA	NA
4-PERSONS	567.00	NA	NA	NA	NA	NA	NA	NA
5-PERSONS	667.00	NA	NA	NA	NA	NA	NA	NA
RURAL VARIANCES EXIST	N	N	N	N	N	N	N	N
RESOURCE LEVELS								
AFDC RELATED/ALL								
1-PERSON	3000.00	2000.00	2400.00	4000.00	2000.00	1000.00	2000.00	2000.00
2-PERSONS	3000.00	3000.00	3200.00	6000.00	3000.00	1000.00	3000.00	3000.00
3-PERSONS	3000.00	3050.00	3500.00	6100.00	3100.00	1000.00	3025.00	3150.00
4-PERSONS	3000.00	3100.00	3800.00	6200.00	3200.00	1000.00	3050.00	3300.00
5-PERSONS	3000.00	3150.00	4100.00	6300.00	3300.00	1000.00	3075.00	3450.00
AGED, BLIND AND DISABLED (209(B) STATES)								
1-PERSON	3000.00	NA	NA	NA	NA	NA	NA	NA
2-PERSONS	3000.00	NA	NA	NA	NA	NA	NA	NA
3-PERSONS	3000.00	NA	NA	NA	NA	NA	NA	NA
4-PERSONS	3000.00	NA	NA	NA	NA	NA	NA	NA
5-PERSONS	3000.00	NA	NA	NA	NA	NA	NA	NA

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE
NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

TABLE 2-5.

HCFA STATE PROFILE DATA SYSTEM
FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 5

SPENDDOWN PERIOD (MONTHS) AND (MONTHS)		- VA -		- WA -		- WV -		- WI -	
		6	N	3	6	6	U	6	N

INCOME LEVELS

AFDC RELATED/ALL

1-PERSON	325.00	467.00	200.00	6320.64
2-PERSONS	400.00	592.00	275.00	7100.04
3-PERSONS	442.00	667.00	290.00	8271.96
4-PERSONS	483.00	742.00	312.00	9872.04
5-PERSONS	525.00	858.00	360.00	944.00

RURAL VARIANCES EXIST

AGED, BLIND AND DISABLED

(209(B) STATES)

1-PERSON	325.00	NA	NA	NA
2-PERSONS	400.00	NA	NA	NA
3-PERSONS	442.00	NA	NA	NA
4-PERSONS	483.00	NA	NA	NA
5-PERSONS	525.00	NA	NA	NA

RURAL VARIANCES EXIST

RESOURCE LEVELS

AFDC RELATED/ALL

1-PERSON	2000.00	2000.00	2000.00	2000.00
2-PERSONS	3000.00	3000.00	3000.00	3000.00
3-PERSONS	3100.00	3050.00	3050.00	3300.00
4-PERSONS	3200.00	3100.00	3100.00	3600.00
5-PERSONS	3300.00	3150.00	3150.00	3900.00

AGED, BLIND AND DISABLED

(209(B) STATES)

1-PERSON	2000.00	NA	NA	NA
2-PERSONS	3000.00	NA	NA	NA
3-PERSONS	3100.00	NA	NA	NA
4-PERSONS	3200.00	NA	NA	NA
5-PERSONS	3300.00	NA	NA	NA

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NA = NOT APPLICABLE

NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

TABLE 2-6.

HCFA STATE PROFILE DATA SYSTEM
FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS
FOR THE AGED, BLIND, AND DISABLED IN 209(B) STATES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 2

	CT	DE	HI	IL	IN	IA	KS	MO	NE	NH	NC
AGED	Y*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
BLIND	Y*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
DISABLED	Y*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
MORE RESTRICTIVE DEFINITION OF DISABILITY	N*	N	N	N	N	N	N	N	N	N	N
DISABILITY LIMITED TO AGE 18 AND OLDER	Y*	N	N	N	N	N	N	N	N	N	N
NUMBER OF MORE RESTRICTIVE INCOME METHODS	O*	4	6	5	4*	1	2*	4	2*	4	4
NUMBER OF MORE RESTRICTIVE RESOURCE METHODS	O*	6	1	4	4*	3	1*	5	1*	5	5
MORE RESTRICTIVE INCOME STANDARDS	N*	Y	Y	Y	N*	Y	Y	Y	Y	Y	Y
URBAN/ALL											
1-PERSON	NA	396.00	283.00	434.00	420.00	422.00	436.00	242.00	436.00	242.00	242.00
2-PERSONS	NA	531.00	385.00	652.00	524.00	633.00	634.00	317.00	634.00	317.00	317.00
3-PERSONS	NA	666.00	492.00	NA	638.00	NA	NA	367.00	NA	367.00	367.00
4-PERSONS	NA	802.00	558.00	NA	745.00	NA	NA	400.00	NA	400.00	400.00
5-PERSONS	NA	937.00	650.00	NA	836.00	NA	NA	433.00	NA	433.00	433.00
RURAL VARIANCES EXIST	N	N	N	N	N	N	N	N	N	N	N
MORE RESTRICTIVE RESOURCE STANDARDS	Y*	Y	Y	Y	Y*	Y	Y	Y	Y	Y	Y
URBAN/ALL											
1-PERSON	1600.00	2000.00	2000.00	1500.00	1800.00	1000.00	1500.00	1500.00	1500.00	1500.00	1500.00
2-PERSONS	2400.00	3000.00	3000.00	2250.00	2700.00	2000.00	2250.00	2250.00	2250.00	2250.00	2250.00
3-PERSONS	NA	3250.00	3050.00	NA	NA	NA	NA	2350.00	1500.00	2350.00	2350.00
4-PERSONS	NA	3500.00	3100.00	NA	NA	NA	NA	2450.00	1500.00	2450.00	2450.00
5-PERSONS	NA	3750.00	3150.00	NA	NA	NA	NA	2550.00	1500.00	2550.00	2550.00
RURAL VARIANCES EXIST	N	N	N	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE
NOTE: ONLY 209(b) STATES ARE PRESENTED

TABLE 2-6.

HCFA STATE PROFILE DATA SYSTEM
FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS
FOR THE AGED, BLIND, AND DISABLED IN 209(B) STATES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 2

	ND	OH	OK	VA
AGED	Y	Y	Y	Y
BLIND	Y	Y	Y	Y
DISABLED	Y	Y	Y	Y
MORE RESTRICTIVE DEFINITION OF DISABILITY	N	N	N	Y
DISABILITY LIMITED TO AGE 18 AND OLDER	N	Y	Y	N
NUMBER OF MORE RESTRICTIVE INCOME METHODS	6	1	0	0
NUMBER OF MORE RESTRICTIVE RESOURCE METHODS	12	1	1	5
MORE RESTRICTIVE INCOME STANDARDS	Y	Y	N	N
URBAN/ALL				
1-PERSON	369.00	374.00	NA	NA
2-PERSONS	428.00	652.00	NA	NA
3-PERSONS	465.00	NA	NA	NA
4-PERSONS	556.00	NA	NA	NA
5-PERSONS	625.00	NA	NA	NA
RURAL VARIANCES EXIST	N	N	N	N
MORE RESTRICTIVE RESOURCE STANDARDS	N	Y	N	N
URBAN/ALL				
1-PERSON	NA	1500.00	NA	NA
2-PERSONS	NA	2250.00	NA	NA
3-PERSONS	NA	NA	NA	NA
4-PERSONS	NA	NA	NA	NA
5-PERSONS	NA	NA	NA	NA
RURAL VARIANCES EXIST	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE
NOTE: ONLY 209(b) STATES ARE PRESENTED

TABLE 2-7.

HCFA STATE PROFILE DATA SYSTEM
 MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 5

	AL	AK	AZ	AR	CA	CO	CT	DE
INCOME METHODS								
AFDC RELATED GROUPS								
CATEGORICALLY NEEDY	Y	Y	Y	N	Y	N	N*	Y
MEDICALLY NEEDY	N	Y	N	N	Y	N	N	Y
POVERTY LEVEL GROUPS	N	N	N	N	Y	N	N	N
METHODS VARY BY CATEGORY	Y	Y	Y	N	Y	N	N	Y
PARENTAL INCOME EXCLUDED	Y	N	N	N	U	N	N	Y
AGED, BLIND AND DISABLED	Y	Y	N	N	U	N	N*	N
CATEGORICALLY NEEDY	Y	Y	N	N	U	N	N	N
MEDICALLY NEEDY	N	N	N	N	U	N	N	N
POVERTY LEVEL GROUPS	N	N	N	N	U	N	N	N
METHODS VARY BY CATEGORY	Y	N	N	N	U	N	N	N
RESOURCE METHODS								
AFDC RELATED GROUPS								
CATEGORICALLY NEEDY	N	Y	N	N	U	N	Y*	N
MEDICALLY NEEDY	N	Y	N	N	U	N	N	N
POVERTY LEVEL GROUPS	N	Y	Y	N	U	N	N	N
METHODS VARY BY CATEGORY	N	N	N	N	U	N	Y*	N
AGED, BLIND AND DISABLED	Y	Y	N	Y	U	Y	N*	N
CATEGORICALLY NEEDY	Y	Y	N	Y	U	Y	N	N
MEDICALLY NEEDY	N	N	N	Y	U	N	N	N
POVERTY LEVEL GROUPS	Y	N	N	N	U	N	N	N
METHODS VARY BY CATEGORY	Y	N	N	N	U	N	N	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N	N	N	N	U	N	N	N
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N	N	N	N	Y	N	N	N
METHODS EXCLUDE PROPERTY IF BONAFAIDE EFFORT FOR SALE IS MADE	N	N	N	N	U	Y	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: ONLY STATES WITH MORE LIBERAL INCOME AND RESOURCE METHODS, AS DEFINED BY
 SECTION 1902(r)(2) ARE PRESENTED

TABLE 2-7.

HCFA STATE PROFILE DATA SYSTEM
MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 5

	FL	GA	HI	ID	IN	IA	KS	KY
INCOME METHODS								
AFDC RELATED GROUPS	Y	Y	N	Y	N	N	Y	N
CATEGORICALLY NEEDY								
MEDICALLY NEEDY	N	Y	N	Y	N	N	Y	N
POVERTY LEVEL GROUPS	Y	Y	N	N	N	N	Y	N
METHODS VARY BY CATEGORY	Y	Y	N	Y	N	N	N	N
PARENTAL INCOME EXCLUDED	Y	Y	N	N	N	N	N	N
AGED, BLIND AND DISABLED	Y	N	N	Y	N	N	Y	Y
CATEGORICALLY NEEDY								
MEDICALLY NEEDY	Y	N	N	Y	N	N	Y	Y
POVERTY LEVEL GROUPS	Y	N	N	N	N	N	Y	Y
METHODS VARY BY CATEGORY	Y	N	N	N	N	N	N	N
RESOURCE METHODS								
AFDC RELATED GROUPS	Y	Y	Y	Y	Y	Y	Y	Y
CATEGORICALLY NEEDY								
MEDICALLY NEEDY	Y	Y	Y	Y	Y	N	Y	Y
POVERTY LEVEL GROUPS	Y	Y	Y	N	N	Y	Y	Y
METHODS VARY BY CATEGORY	Y	Y	N	Y	Y	N	N	Y
AGED, BLIND AND DISABLED	Y	Y	Y	Y	Y	Y	Y	Y
CATEGORICALLY NEEDY								
MEDICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
POVERTY LEVEL GROUPS	Y	Y	Y	N	N	N	N	Y
METHODS VARY BY CATEGORY	Y	Y	N	Y	N	N	N	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y	Y	N	Y	N	N	Y	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N	N	N	N	N	Y	N	N
METHODS EXCLUDE PROPERTY IF BONAFAIDE EFFORT FOR SALE IS MADE	N	Y	N	Y	N	N	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: ONLY STATES WITH MORE LIBERAL INCOME AND RESOURCE METHODS, AS DEFINED BY SECTION 1902(r)(2) ARE PRESENTED

TABLE 2-7.

HCFA STATE PROFILE DATA SYSTEM
 MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 5

INCOME METHODS

AFDC RELATED GROUPS

CATEGORICALLY NEEDY
 MEDICALLY NEEDY
 POVERTY LEVEL GROUPS
 METHODS VARY BY CATEGORY
 PARENTAL INCOME EXCLUDED

AGED, BLIND AND DISABLED

CATEGORICALLY NEEDY
 MEDICALLY NEEDY
 POVERTY LEVEL GROUPS
 METHODS VARY BY CATEGORY

RESOURCE METHODS

AFDC RELATED GROUPS

CATEGORICALLY NEEDY
 MEDICALLY NEEDY
 POVERTY LEVEL GROUPS
 METHODS VARY BY CATEGORY

AGED, BLIND AND DISABLED

CATEGORICALLY NEEDY
 MEDICALLY NEEDY
 POVERTY LEVEL GROUPS
 METHODS VARY BY CATEGORY
 METHODS ALLOW FOR RESOURCES
 BELOW LIMIT DURING THE
 MONTH
 METHODS ALLOW FOR DISREGARD OF
 RESOURCES BASED ON LONG-TERM
 CARE INSURANCE
 METHODS EXCLUDE PROPERTY IF
 BONAFIDE EFFORT FOR SALE
 IS MADE

	ME	MD	MA	MI	MN	MS	MO	MT
AFDC RELATED GROUPS	Y	Y	Y	Y	Y	N	N	N
CATEGORICALLY NEEDY	N	N	Y	Y	Y	N	N	N
MEDICALLY NEEDY	N	N	Y	N	Y	N	N	N
POVERTY LEVEL GROUPS	Y	Y	Y	N	N*	N	N	N
METHODS VARY BY CATEGORY	N	N	Y*	N	N*	N	N	N
PARENTAL INCOME EXCLUDED	N	N	N*	N	N*	N	N	N
AGED, BLIND AND DISABLED	Y	N	Y	Y	Y*	Y	Y	N
CATEGORICALLY NEEDY	Y	N	Y*	Y	N*	Y	Y	N
MEDICALLY NEEDY	Y	N	Y*	Y	N*	N	N	N
POVERTY LEVEL GROUPS	Y	N	Y*	Y	N*	Y	Y	N
METHODS VARY BY CATEGORY	N	N	Y*	N	Y*	Y	N	N
AFDC RELATED GROUPS	Y	N	Y	Y	Y	N	N	N
CATEGORICALLY NEEDY	Y	N	Y*	N	Y	N	N	N
MEDICALLY NEEDY	Y	N	Y*	N	Y	N	N	N
POVERTY LEVEL GROUPS	N	N	Y*	Y	N*	N	N	N
METHODS VARY BY CATEGORY	N	N	Y*	N	Y*	N	N	N
AGED, BLIND AND DISABLED	Y	N	Y	Y	Y*	Y	Y	Y
CATEGORICALLY NEEDY	N	N	Y*	Y	Y*	Y	Y	Y
MEDICALLY NEEDY	Y	N	Y*	Y	N*	N	N	Y
POVERTY LEVEL GROUPS	Y	N	Y*	Y	N*	Y	Y	Y
METHODS VARY BY CATEGORY	N	N	N	N	Y*	Y	N	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y	N	Y	Y	N*	Y	Y	N
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N	N	N	U	N*	N	N	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	Y	N	N	Y	N*	N	N	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: ONLY STATES WITH MORE LIBERAL INCOME AND RESOURCE METHODS, AS DEFINED BY
 SECTION 1902(r)(2) ARE PRESENTED

TABLE 2-7.

HCFA STATE PROFILE DATA SYSTEM
MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

	-	NE	-	-	NV	-	-	NV	-	-	NC	-	-	ND	-	-	OR	-	-	PA	-	-	RI	-	
INCOME METHODS																									

[illegible]

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: ONLY STATES WITH MORE LIBERAL INCOME AND RESOURCE METHODS, AS DEFINED BY SECTION 1902(r)(2) ARE PRESENTED

HCFA STATE PROFILE DATA SYSTEM
MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 5

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NOTE: ONLY STATES WITH MORE LIBERAL INCOME AND REVENUE
SECTION 1902(r)(2) ARE PRESENTED

Section 3: Services Covered by Medicaid

Table 3-1.	Medicaid Services for the Categorically and Medically Needy Populations	110
Table 3-2.	Inpatient Hospital Services: Coverage and Limitations	124
Table 3-3.	Outpatient Hospital Services: Coverage and Limitations	131
Table 3-4.	Physician Services: Coverage and Limitations	138
Table 3-5.	Targeted Case Management (TCM) Services: Coverage and Limitations	152
Table 3-6.	Prescribed Drugs: Coverage and Limitations	166
Table 3-7.	Transportation Services: Coverage and Limitations	174
Table 3-8.	Coverage of Transplant Services	188
Table 3-9.	Profile of the EPSDT Program	195
Table 3-10.	Rural Health Clinics: Coverage and Limitations	202
Table 3-11.	Federally Qualified Health Centers: Coverage and Limitations	209
Table 3-12.	Clinic Services - Maternal and Child Health Clinics: Coverage and Limitations	216
Table 3-13.	Clinic Services - Mental Health Clinics: Coverage and Limitations	223
Table 3-14.	Clinic Services - Alcohol and Substance Abuse Clinics: Coverage and Limitations	230
Table 3-15.	Clinic Services - Birthing Centers: Coverage and Limitations	237
Table 3-16.	Clinic Services - Ambulatory Surgical Centers: Coverage and Limitations	244
Table 3-17.	Clinic Services - End Stage Renal Disease Facilities: Coverage and Limitations	251
Table 3-18.	Clinic Services - MR/Day Treatment Facilities: Coverage and Limitations	258

CHAPTER 10: THE HISTORY OF THE UNITED STATES

1. The first European settlers in North America were the Spanish, who arrived in 1492.	2. The English arrived in 1607, followed by the French in 1608.	3. The Dutch arrived in 1614, followed by the Swedish in 1639.	4. The German arrived in 1683, followed by the Irish in 1709.
5. The American Revolution began in 1775 and ended in 1783.	6. The United States was founded in 1776.	7. The Constitution was signed in 1787.	8. The Civil War began in 1861 and ended in 1865.
9. The Industrial Revolution began in the late 18th century and continued into the 19th century.	10. The Progressive Era began in the late 19th century and continued into the early 20th century.	11. The Great Depression began in 1929 and ended in 1939.	12. World War II began in 1939 and ended in 1945.
13. The Cold War began in 1945 and ended in 1991.	14. The Vietnam War began in 1955 and ended in 1975.	15. The Space Age began in 1957 and continued into the 1960s.	16. The Vietnam War ended in 1975.
17. The Vietnam War ended in 1975.	18. The Vietnam War ended in 1975.	19. The Vietnam War ended in 1975.	20. The Vietnam War ended in 1975.

SECTION 3: SERVICES COVERED BY MEDICAID

Mandatory services to the categorically needy and services which States may provide to the categorically needy and medically needy populations are identified in section 1905(a) of the Act. Data on the categorically needy population are abstracted from section 3.1(a)(1) and attachment 3.1-A of the approved State plan. Data on services for the medically needy population are abstracted from section 3.1(a)(2) and attachment 3.1-B of the approved State plan.

Definitions of Categorically Needy and Medically Needy are found in the narrative for national tables Section 2: Eligibility.

Whatever package of services it chooses, a State may place limits on the amount, duration, and scope of the services offered. However, general requirements apply to:

- Statewideness: Medicaid services included in the State plan must be available throughout the entire State (section 1902(a)(1) of the Act);
- freedom of choice of providers: Any Medicaid recipient may obtain Medicaid services from any institution, agency, community pharmacy, or person that is a Medicaid provider and is qualified to perform the service(s) required (section 1902(a)(23) of the Act);
- sufficiency of amount, duration, and scope: Each covered service must be sufficient in amount, duration, and scope to reasonably achieve its purpose (section 1902(a)(10)(B) of the Act and 42 CFR 440.230); and
- comparability of services for groups: Medicaid services available to any individual in a Medicaid eligibility group must be equal in amount, duration, and scope for all individuals within the same group (42 CFR 440.240).

A list of the services included in the spDATA System can be found in Appendix IV. Eighteen national tables in this section present information on a selection of these services: inpatient and outpatient hospital, physician, targeted case management, prescribed drugs, transportation, transplants, EPSDT, rural health clinics, federally qualified health centers, maternal and child health clinics, mental health clinics, alcohol and substance abuse clinics, birthing centers, ambulatory surgical centers, end stage renal disease facilities, and MR/day treatment facilities.

All of the limitations that a State may impose on services are not included in the spDATA system; therefore, States may have limitations on services that are not identified in the national tables.

Limitations are not shown for services provided for pregnancy-related and postpartum care and for other conditions that may complicate pregnancy. Medicaid provides services to categorically or medically needy pregnant women that are not otherwise available to other groups under the Medicaid State plan. Categorically needy pregnant women must receive pregnancy-related services, postpartum care services, and services for other complications related to pregnancy (42 CFR 440.210(a)(2)).

Tables 3-1.1 and 3-1.2 list the services that States cover for the categorically and medically needy populations and shows which are covered by each State. These tables also indicate whether the States impose limitations on the services and which States do not have a medically needy program. Some of the services listed on Tables 3-1.1 and 3-1.2 are shown in greater detail on separate tables. Definitions for the services which do not appear elsewhere are shown below:

Laboratory and X-Ray Services: Professional and technical laboratory and radiological services which are ordered and provided by or under the direction of a physician or other licensed practitioner, or ordered and billed by a physician but provided by an independent laboratory, and are provided in an office or similar facility other than a hospital outpatient department or clinic; and furnished by a laboratory that meets the Medicare conditions for coverage of services for independent laboratories (42 CFR 440.30).

Nursing Facility (NF): An institution or distinct part of an institution which is primarily engaged in providing to residents: nursing care and related services, rehabilitation services, or health related care, and services (above the level of room and board) which can be made available only in an institutional facility. The facility must have in effect a transfer agreement with 1 or more hospitals and must meet Medicaid participation requirements (section 1919(a) of the Act).

Physician Services: Services furnished by, or under the direction of, a doctor of medicine or osteopathy licensed as such in the State where the services are performed. States may assign a gross limit on the number of physician visits. State plans also may include limitations requiring physicians to receive prior authorization before providing non-emergency services. Medicaid recipients may be required to receive a second opinion (the consultation of a second professional about the necessity of a treatment plan) before services are provided.

Home Health Services: Services that are provided to a recipient: (1) at his/her place of residence (specified in regulation), and (2) on his/her physician's orders as part of a written plan of care that the physician reviews every 60 days. A recipient's place of residence, for home health services, does not include a hospital, nursing facility, or intermediate care facility except for home health services in an intermediate care facility that are not required to be provided by the facility (sections 1902(a)(10)(D), 1905(a)(7) of the Act, and 42 CFR 440.70, 441.15).

Private Duty Nursing Services: Nursing services for recipients who require more individual and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of the hospital or nursing facility. These services are provided--(a) by a registered nurse or licensed practical nurse; (b) under the direction of the recipient's physician; and (c) to a recipient in one or more of the following locations at the option of the State: (1) his/her own home; (2) a hospital; or (3) nursing facility (section 1905(a)(8) of the Act and 42 CFR 440.80).

Clinic Services: Preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. The following services may be furnished to outpatients: (a) services furnished at the clinic by or under the direction of a physician or dentist; (b) services furnished outside the clinic, by clinic personnel under

the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address; and (c) services furnished at the clinic that are nurse-midwife services (section 1905(a)(9) of the Act and 42 CFR 440.90).

Maternal and Child Health (MCH) (title V) Clinics: Well child clinics which are run by States, local health departments, or hospital outpatient departments.

Dental Services: Diagnostic, preventive, or corrective procedures provided by or under the supervision of a dentist in the practice of his profession including treatment of: (1) the teeth and associated structures of the oral cavity; and (2) disease, injury, or impairment that may affect the oral or general health of the recipient (section 1905(a)(10) of the Act and 42 CFR 440.100).

Physical Therapy and Related Services: Physical therapy means services prescribed by a physician and provided to a recipient by or under the direction of a qualified physical therapist. It includes any necessary supplies and equipment. Related services include: occupational therapy--services prescribed by a physician and provided to a recipient by or under the direction of a qualified occupational therapist, including any necessary supplies and equipment; services for individuals with speech, hearing, and language disorders--diagnostic, screening, preventive, or corrective services provided by or under the direction of a speech pathologist or audiologist, for which a patient is referred by a physician, including any necessary supplies and equipment (section 1905(a)(11) and 42 CFR 440.110).

Institutions for Mental Diseases (IMD): Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases, and psychiatric services in inpatient psychiatric hospitals (or other inpatient settings specified by the Secretary) for individuals under age 21 (sections 1905(a)(14), 1905(a)(16) and 1905(h) of the Act).

Intermediate Care Facility for the Mentally Retarded (ICF/MR): An institution (or distinct part thereof) for the mentally retarded or persons with related conditions if: (1) the primary purpose of such institution (or distinct part thereof) is to provide health or rehabilitative services for mentally retarded individuals and the institution meets such standards as may be prescribed by the Secretary; (2) the mentally retarded individual with respect to whom a request for payment is made under a plan approved under this title is receiving active treatment under such a program; and (3) in the case of a public institution, the State or political subdivision responsible for the operation of such institution agrees to the non-federal portion of expenditures set out in the statute (section 1905(d) of the Act).

Nurse-Midwife Services are: (1) concerned with the management of the care of mothers and newborns through the maternity cycle; (2) furnished by a nurse-midwife within the scope of practice authorized by State law or regulation and, in the case of inpatient or outpatient hospital services or clinic services, are furnished by or under the direction of a nurse-midwife to the extent permitted by the facility; and (3) unless required by State law or regulations or a facility, are reimbursed without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider (sections 1905(a)(17) and 1861(gg) of the Act and 42 CFR 440.165).

Hospice Care: Services provided by a public agency or private organization or subdivision of either of these that is primarily engaged in providing such care to terminally ill individuals (sections 1905(a)(18), 1905(o), 1861(dd)(1) and (2) of the Act and 42 CFR 418).

Presumptive Eligibility: (see definition under optional eligibility groups).

Certified Pediatric Nurse Practitioner: At this writing, the Secretary has not formally defined certified pediatric nurse practitioner. Readers should refer to section 1905(a)(21) of the Act which states: services furnished by a certified pediatric nurse practitioner or certified family nurse practitioner (as defined by the Secretary) which the certified pediatric nurse practitioner or certified family nurse practitioner is legally authorized to perform under State law (or the State regulatory mechanism provided by State law), whether or not the certified pediatric nurse practitioner or certified family nurse practitioner is under the supervision of, or associated with, a physician or other health care provider.

Tables 3-2 and 3-3 present the limitations on coverage of services for inpatient and outpatient hospital services respectively.

Inpatient Hospital Services: Those services provided in a facility which is licensed or approved as a hospital by a State standard-setting authority. Except for nurse-midwife services, the facility must meet the requirements for participation in Medicare as a hospital, and have in effect an approved utilization review plan that applies to all Medicaid patients. The treatment plan must be directed by a physician. If the facility has over 16 beds it must not be primarily for the use of persons with mental diseases.

Outpatient Hospital Services: Preventive, diagnostic, therapeutic, rehabilitative, or palliative services (except for nurse-midwife services) that are furnished to outpatients by or under the direction of a physician or dentist by an institution that is licensed or formally approved as a hospital by an officially designated authority for State standard-setting and meets the requirements for participation in Medicare as a hospital (42 CFR 440.20).

Service Provided: This item indicates whether a specified service is covered for a category of eligibility.

Limitation on Days per Year: The maximum number of inpatient hospital days that the State will assume financial liability for an individual for 1 year. A year may be a calendar, State fiscal, or Federal fiscal year (October 1 to the following September 30).

Limitation on Days per Admission: The maximum number of days that the State will assume financial liability for inpatient hospital services for an individual per admission.

Limitation per Spell of Illness: The maximum number of days a State will assume financial liability for inpatient hospital services for an individual per spell of illness. A spell of illness may include multiple admissions for the same condition.

Variable Limitations: The State will assume financial responsibility for a maximum variable number of service days per hospital admission using a combination of diagnosis and procedure codes. The Professional Activities Study (PAS) is a common reference for this type of limitation. Although a State may assign a gross limit period in its State plan, if a patient's condition requires additional care, and an extension of time is requested, the State may determine that additional time is warranted.

Other Limitations: The State has at least one type of limit which is not included in the predefined choices.

Prior Authorization: The State has a requirement that providers obtain prior approval for certain procedures or plans of care before the State will assume financial responsibility.

Dollar Threshold: Providers must obtain prior approval for certain procedures, items, or plans of care if the expected cost exceeds a predefined level.

Unit Threshold: Prior approval is required if the predefined number of services or procedures will be exceeded.

Procedure: The State has a requirement that providers must obtain prior approval for certain procedures before the State will assume financial responsibility.

Item: Prior approval must be obtained from the State before the State will assume financial responsibility for certain items.

Extension of Benefits: Prior approval is required to provide additional care beyond the predefined number of services or procedures.

Other: The State has additional prior authorization requirements which are not included in the predefined choices.

Medicaid recipients may be required to receive a second opinion before services are provided. For a specific procedure: the State has established a list of procedures or care plans which require the consultation of a second professional. For an elective procedure: recipients must consult with another medical professional as to the necessity of a treatment plan for procedures commonly recognized by the medical community as being elective.

Limitations on Exclusion of Any Procedures: The State has excluded at least one item or procedure from coverage regardless of medical necessity (e.g., experimental procedure/surgery, cosmetic surgery, routine physical exam, and other).

Tables 3-4.1 and 3-4.2 show the limitations on coverage of physician services. Physician services are services furnished by, or under the direction of, a licensed doctor of medicine or osteopathy licensed as such in the State where the services are performed. States may assign a gross limit on the number of physician visits by setting (inpatient hospital, nursing facility, emergency room, home, office, and other), type of procedure, and period of time service may be provided (day, week, month, quarter, or year). (If a patient's condition requires additional care, and an extension is requested, the State may

determine that additional services are warranted.) State plans may also include limitations requiring physicians to receive prior authorization before providing services. Medicaid recipients may be required to receive a second opinion before services are provided.

Tables 3-5.1 and 3-5.2 present data on the groups of Medicaid recipients who receive targeted case management services (TCM) and the limitations that States may impose on these services. Case management is an activity under which responsibility for locating, coordinating, and monitoring necessary and appropriate services (medical, social, educational, and other) for an individual rests with a specific person or organization (section 1915(g)(2) of the Act). These groups are included on these tables; Medicaid recipients under 21, chronically mentally ill, pregnant women, recipients with AIDS, recipients who test HIV positive, and the developmentally disabled. (Developmental disabilities are any mental or physical impairments that limit a person's functional ability in certain activities.)

Limitations on the coverage of prescribed and over-the-counter drugs are shown on Table 3-6. Prescribed drugs are simple or compound substances or mixtures of substances prescribed for the cure, mitigation or prevention of disease, or for health maintenance that are: (1) prescribed by a physician or other licensed practitioner, (2) dispensed by a licensed pharmacist or licensed practitioner in accordance with the State Medical Practice Act, and (3) dispensed by the pharmacist or practitioner on a written prescription that is recorded and maintained in the pharmacist's or practitioner's records.

A Legend Drug is any drug that requires a prescription.

Limitations also may be placed on the quantity and frequency of refills.

States must provide transportation for Medicaid recipients to secure Medicaid services. If transportation is covered as an administrative expense, Federal matching is at the appropriate administrative rate. If transportation is covered as an optional service, Federal matching is at the Federal Medical Assistance Percentage (FMAP) rate. Tables 3-7.1 and 3-7.2 present two categories of limitations which States may place on the coverage of transportation services (prior authorization and modes of transportation). The category of prior authorization is further divided into subgroups: attendant care and out-of-State providers. Limitations on modes of transportation include trips per recipient, visits per month, waiting time, miles, emergency trips, out-of-state trips, and other.

Ambulette--An ambulette is a medical van which seats from 9 to 12 people.

Livery--In the spDATA tables, livery means any vehicle for hire.

Table 3-8 provides a national profile for a selection of transplant services. Table 3-9 includes data on transplant coverage provided through the EPSDT program. Transplant: FFP is available in expenditures for services furnished in connection with organ transplant procedures only if the State plan includes written standards for the coverage of those procedures, and those standards provide that: (1) similarly situated individuals are treated alike, and (2) any restriction on the practitioners or facilities that may

provide organ transplant procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under the plan (section 1903(i) of the Act).

Table 3-9 is a profile of the EPSDT program. EPSDT services are mandatory services under the Medicaid program for categorically needy individuals under the age of 21. Under EPSDT, States are required to: (1) establish distinct periodicity schedules for screening, vision, hearing, and dental services, (2) provide for interperiodic screens as indicated by medical necessity to determine the existence of a suspected illness or condition, and (3) provide to EPSDT recipients all necessary health care, diagnostic services, treatment and other measures coverable under Medicaid to correct or ameliorate defects in physical and mental conditions discovered by screening services, whether or not such services are otherwise provided under the State plan.

Periodic screening services must include a comprehensive health and developmental history, a comprehensive unclothed physical exam, appropriate immunizations, laboratory tests (including blood lead level testing), and health education. States must also provide periodic vision services which include, at a minimum, diagnosis and treatment for defects in vision, including eyeglasses, periodic dental services which include relief of pain and infections, restoration of teeth, and maintenance of dental health and periodic hearing services which include diagnosis and treatment for defects in hearing (including hearing aids).

Exclusion of any Equipment/Supplies: States may exclude from coverage certain supplies and/or equipment.

Exclusion of any Procedures: States may exclude a procedure from coverage, regardless of medical necessity.

Tables 3-10 through 3-18 show coverage limitations and coverage of clinic services.

Table 3-10: Rural Health Clinic (RHC): An RHC is a clinic that is located in a rural area designated as a shortage area, is not a rehabilitation agency or a facility primarily for the care and treatment of mental diseases, and meets all other requirements of 42 CFR Part 491. Rural area is an area that is not delineated as an urbanized area by the Bureau of the Census. Shortage area is a defined geographic area designated by HHS as having either a shortage of personal health services or a shortage of primary medical care manpower (42 CFR 491.2).

Table 3-11: Federally Qualified Health Center (FQHC): An FQHC is an entity which: (1) is receiving a grant under section 329, 330, or 340 of the Public Health Service Act; or (2) is receiving funding from such a grant under a contract with the recipient of such a grant, and meets the requirements to receive a grant under section 329, 330, or 340 of such Act; or (3) based on the recommendation of the Health Resources and Services Administration within the Public Health Service, is determined by the Secretary to meet the requirements for receiving such a grant, and includes an outpatient health program or a facility operated by a tribe or tribal organization under the Indian Self-Determination Act (section 1905(l) of the Act).

The other clinic services included in this section are:

Table 3-12: Maternal and Child Health Clinics

Table 3-13: Mental Health Clinics

Table 3-14: Alcohol and Substance Abuse Clinics

Table 3-15: Birthing Centers

Table 3-16: Ambulatory Surgical Centers

Table 3-17: End Stage Renal Disease Facilities

Table 3-18: MR/Day Treatment Facilities

TABLE 3-1.1.

HCFA STATE PROFILE DATA SYSTEM
 MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 14

COVERAGE AND LIMITATIONS	- AL -	- AK -	- AZ -	- AR -	- CA -	- CO -	- CT -	- DE -
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1
+INPATIENT HOSPITAL	YL	N	YL	YL*	YL	YL*	YL	YL
+OUTPATIENT HOSPITAL	YL	N	YL	YL	YL	YL	YL	YL
+RURAL HEALTH CLINICS	YL	N	YL	YL	YL	YL	YL	YL
+FEDERALLY QUAL HLTH CTRS	YL	N	YL	YL	Y	Y	Y	YL
+OTHER LAB AND X-RAYS	YL	N	YL	Y*	YL	Y	Y	Y
+NF (AGE 21 OR OLDER)	YL	N	YL	Y	YL	Y	Y	Y
+EPSDT	Y	N	Y	Y	Y	Y	Y	Y
+FAM PLANNING & SUPPLIES	Y	N	YL	YL	Y	Y	Y	Y
+PHYSICIAN SERVICES	YL	N	YL	YL	YL	Y	YL	YL
+MED/SURG SERV OF A DENTIST	N	N	YL	YL	YL	Y	N	Y
OTHER LICENSED PRACTITIONERS								
PODIATRISTS	N	N	YL	YL	YL	Y	YL	YL
OPTOMETRISTS	YL	N	YL	YL	YL	YL	YL	YL
CHIROPRACTORS	N	N	YL	N	YL	N	YL	N
PSYCHOLOGISTS	N	N	YL	N	YL	Y	YL	N
MEDICAL SOCIAL WORKERS	N	N	YL	N	N	N	N	N
NURSE ANESTHETISTS	Y	N	YL	Y	Y	Y	N	N
HOME HEALTH SERVICES								
+HOME HEALTH NURSING	YL	N	YL	Y*	YL	YL	YL	Y
+HOME HEALTH AIDE	YL	N	YL	Y*	YL	YL	YL	Y
+MED SUPP/EQUIP/APPLIANCES	YL	N	YL	YL	YL	YL	YL	Y
PHYSICAL THERAPY	YL	N	YL	Y	YL	YL	YL	Y
OCCUPATIONAL THERAPY	YL	N	YL	N	YL	YL	YL	Y
SPEECH PATHOLOGY/AUDIOLOGY	YL	N	YL	N	YL	YL	Y	Y
PRIVATE DUTY NURSING	YL	N	YL	YL	N	YL	N	YL
CLINIC SERVICES								
MATERNAL&CHILD HLTH CLINIC	YL*	N	YL	N	YL	Y	N	Y
MENTAL HEALTH CLINIC	Y	YL	YL	N	YL	Y	YL	Y
ALCOHOL & SUB ABUSE CLINIC	N	N	YL	N	YL	N	YL	Y
BIRTHING CENTER	N	N	N	N	N	N	N	N
AMBULATORY SURGICAL CENTER	YL	N	N	YL	YL	YL	N	Y
END STAGE RENAL DISEASE	N	N	N	Y	YL	N	N	Y
MR/DAY TREATMENT	N	N	N	YL	YL	N	N	N
DENTAL SERVICES	N	N	YL	N	YL	YL	YL	N
PHYS THERAPY & REL SERVICES								
PHYSICAL THERAPY	YL	N	YL	N	YL	YL	YL	YL
OCCUPATIONAL THERAPY	YL	N	YL	N	YL	N	N	N
SPEECH DISORDERS	YL	N	YL	N	YL	YL	YL	N
HEARING DISORDERS	YL	N	YL	N	YL	YL	YL	N
LANGUAGE DISORDERS	YL	N	YL	N	N	YL	YL	N
PRESCRIBED ITEMS								
PRESCRIBED DRUGS	YL	N	YL	YL	YL	YL	YL	YL
DENTURES	YL	N	YL	N	YL	N	YL	N
PROSTHETIC DEVICES	YL	N	YL	YL	YL	YL	YL	YL
EYEGLASSES	YL	N	YL	YL	YL	YL	YL	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS

+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS

	- AL -	- AK -	- AZ -	- AR -	- CA -	- CO -	- CT -	- DE -
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1
OTHER PROFESSIONAL SERVICES								
DIAGNOSTIC SERVICES	YL	N	N	N	N	N	YL	YL
SCREENING SERVICES	Y	N	Y	N	N	N	YL	N
PREVENTIVE SERVICES	YL	N	YL	N	YL	N	YL	N
REHABILITATIVE SERVICES	YL	N	YL	YL*	Y	YL	YL	YL
IMD INPAT HOSP (65 OR OLDER)	N	YL	YL	N	YL	Y	Y	Y
IMD NF (65 OR OLDER)	YL	N	N	Y	YL	Y	Y	Y
ICF/MR	Y	N	YL	N	YL	Y	Y	Y
INPAT PSYCH (UNDER 21)	Y	N	YL	Y	YL	Y	Y	Y
+NURSE MIDWIFE	YL	Y	YL	Y	YL	Y	Y	Y
HOSPICE CARE	YL	N	YL	N	YL	Y	N	YL
TARGETED CASE MGMT SERVICES								
TCM - UNDER 21	Y	YL	N	N	N	N	N	N
TCM - CHRON MENTALLY ILL	YL	N	N	N	YL	N	YL	N
TCM - PREGNANT WOMEN	Y	N	N	Y	N	N	N	N
TCM - AIDS	Y	N	N	N	N	N	N	N
TCM - HIV POSITIVE	Y	N	N	N	N	N	N	N
TCM - DEVELOP DISABLED	N	N	N	YL	YL	Y	N	N
PRESUMPTIVE ELIGIBILITY								
AMBULATORY PRENATAL CARE	N	N	N	YL	Y	Y	N	N
RESPIRATORY CARE SERVICES	YL	N	Y	N	N	N	N	N
+CERT PED NURSE PRACTITIONER	YL	Y	YL	YL	Y	Y	Y	Y
+CERT FAM NURSE PRACTITIONER	YL	Y	YL	YL	Y	Y	Y	Y
OTHER CARE RECOG BY STATE LAW								
TRANSPORTATION SERVICES	YL	YL	YL	YL	YL	YL	Y	YL
CHRISTIAN SCI NURSES	YL	N	YL	N	YL	N	N	N
CHRISTIAN SCI SANATORIUMS	YL	N	YL	N	YL	N	N	N
NF SERVICES (UNDER 21)	YL	N	YL	Y	YL	Y	Y	Y
EMERGENCY HOSP SERVICES	YL	N	YL	Y	YL	Y	N	Y
PERSONAL CARE SERVICES	YL	N	YL	YL*	N	N	N	YL
TRANSPLANT SERVICES								
BONE MARROW	Y	Y	Y	Y	Y	Y*	Y	Y
CORNEA	Y	Y	Y	Y	Y	Y*	Y	Y
HEART	Y	N	Y	Y	Y	N	Y	Y
LIVER	Y	Y	Y	Y	Y	N	Y	Y
LUNG	N	N	N	Y	N	N	Y	Y
PANCREAS	N	N	N	Y	N	N	Y	Y
KIDNEY	Y	Y	Y	Y	N	Y*	Y	Y

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TABLE 3-1.1.

HCFA STATE PROFILE DATA SYSTEM
 MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 14

COVERAGE AND LIMITATIONS	- DC -	- FL -	- GA -	- HI -	- ID -	- IL -	- IN -	- IA -
	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED
+INPATIENT HOSPITAL	YL	YL	YL	YL	YL	YL	Y	YL
+OUTPATIENT HOSPITAL	YL	YL	YL	YL	YL	YL	Y	YL
+RURAL HEALTH CLINICS	N	Y	YL	N	YL	YL	N	Y
+FEDERALLY QUAL HLTH CTRS	Y	Y	YL	Y	YL	Y	Y	Y
+OTHER LAB AND X-RAYS	YL	Y	YL	Y	YL	YL	Y	YL
+NF (AGE 21 OR OLDER)	Y	N	YL	YL	YL	YL	Y	YL
+EPSDT	Y	Y	Y	Y	Y	Y	Y	Y
+FAM PLANNING & SUPPLIES	Y	YL	YL	Y	YL	Y	Y	YL
+PHYSICIAN SERVICES	YL	YL	YL	YL	YL	YL	YL	YL
+MED/SURG SERV OF A DENTIST	YL	YL	YL	YL	YL	YL	YL	YL
OTHER LICENSED PRACTITIONERS								
PODIATRISTS	YL	YL	YL	YL	YL	YL	Y	YL
OPTOMETRISTS	YL	YL	YL	YL	YL	YL	Y	YL
CHIROPRACTORS	N	YL	N	N	YL	YL	Y	YL
PSYCHOLOGISTS	N	N	Y	YL	N	N	Y	YL
MEDICAL SOCIAL WORKERS	N	N	N	N	N	N	Y	YL
NURSE ANESTHETISTS	N	N	N	N	N	Y	Y	Y
HOME HEALTH SERVICES								
+HOME HEALTH NURSING	YL	YL	YL	YL	YL	YL	Y	Y
+HOME HEALTH AIDE	YL	YL	YL	YL	YL	YL	Y	Y
+MED SUPP/EQUIP/APPLIANCES	YL	YL	YL	YL	YL	YL	Y	YL
PHYSICAL THERAPY	YL	Y	YL	YL	YL	YL	Y	Y
OCCUPATIONAL THERAPY	YL	Y	YL	YL	YL	YL	Y	Y
SPEECH PATHOLOGY/AUDIOLOGY	YL	Y	YL	YL	YL	YL	Y	Y
PRIVATE DUTY NURSING	YL	YL	N	N	N	Y	Y	N
CLINIC SERVICES								
MATERNAL&CHILD HLTH CLINIC	Y	YL	N	Y	Y	N	Y	Y
MENTAL HEALTH CLINIC	Y	N	YL	YL	YL	YL	Y	YL
ALCOHOL & SUB ABUSE CLINIC	Y	N	N	N	N	N	N	N
BIRTHING CENTER	Y	YL	YL	N	N	N	Y	Y
AMBULATORY SURGICAL CENTER	N	YL	YL	N	YL	N	Y	YL
END STAGE RENAL DISEASE	Y	N	YL	N	N	N	Y	N
MR/DAY TREATMENT	Y	N	N	N	N	N	Y	YL
DENTAL SERVICES	YL	YL	YL	YL	YL	YL	Y	YL
PHYS THERAPY & REL SERVICES								
PHYSICAL THERAPY	YL	YL	N	YL	YL	YL	Y	YL
OCCUPATIONAL THERAPY	YL	YL	N	YL	N	YL	Y	YL
SPEECH DISORDERS	YL	YL	N	YL	YL	YL	Y	YL
HEARING DISORDERS	YL	YL	N	YL	YL	YL	Y	YL
LANGUAGE DISORDERS	YL	YL	N	YL	Y	YL	Y	Y
PRESCRIBED ITEMS								
PRESCRIBED DRUGS	YL	YL*	YL	YL	YL	YL	Y	YL
DENTURES	YL	YL	YL	YL	YL	YL	Y	YL
PROSTHETIC DEVICES	YL	YL	YL	YL	YL	YL	Y	YL
EYEGLASSES	YL	YL	YL	YL	YL	YL	Y	YL

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TABLE 3-1.2.

HCFA STATE PROFILE DATA SYSTEM
 MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 14

COVERAGE AND LIMITATIONS	DC - CAT/MED	FL - CAT/MED	GA - CAT/MED	HI - CAT/MED	ID - CAT/MED	IL - CAT/MED	IN - CAT/MED	IA - CAT/MED
=====								
OTHER PROFESSIONAL SERVICES								
DIAGNOSTIC SERVICES	YL	N	YL	YL	N	Y	N	N
SCREENING SERVICES	YL	N	YL	Y	N	YL	N	N
PREVENTIVE SERVICES	YL	N	YL	Y	N	N	N	N
REHABILITATIVE SERVICES	YL	YL*	YL	YL	YL	YL	Y	N
IMD INPAT HOSP (65 OR OLDER)	Y	Y	N	N	N	Y	N	N
IMD NF (65 OR OLDER)	Y	N	N	N	YL	YL	N	N
ICF/MR	Y	Y	YL	YL	YL	YL	Y	N
INPAT PSYCH (UNDER 21)	Y*	Y	N	YL	YL	YL	Y	Y
+NURSE MIDWIFE	Y	YL	N	YL	N	YL	Y	YL
HOSPICE CARE	YL	YL	YL	YL	YL	YL	N	YL
TARGETED CASE MGMT SERVICES								
TCM - UNDER 21	N	YL	YL	N	N	N	N	N
TCM - CHRON MENTALLY ILL	YL	YL	YL	YL	YL	Y	N	N
TCM - PREGNANT WOMEN	N	N	YL	N	YL	N	Y	YL
TCM - AIDS	N	N	N	N	N	N	N	N
TCM - HIV POSITIVE	N	N	N	N	N	N	Y	N
TCM - DEVELOP DISABLED	N	N	YL	YL	Y	YL	N	N
PRESUMPTIVE ELIGIBILITY								
AMBULATORY PRENATAL CARE	N	Y	N	Y	Y	YL	N	Y
RESPIRATORY CARE SERVICES	N	Y	N	YL	N	YL	N	N
+CERT PED NURSE PRACTITIONER	N	YL	YL	Y	YL	N	Y	YL
+CERT FAM NURSE PRACTITIONER	N	YL	YL	Y	YL	N	Y	Y
OTHER CARE RECOG BY STATE LAW								
TRANSPORTATION SERVICES	Y	YL	YL	YL	YL	YL	N	YL
CHRISTIAN SCI NURSES	N	N	N	N	N	YL	N	N
CHRISTIAN SCI SANITORIES	N	N	N	N	N	N	N	N
NF SERVICES (UNDER 21)	Y	YL	YL	YL	YL	YL	N	YL
EMERGENCY HOSP SERVICES	YL	YL	N	Y	YL	YL	N	N
PERSONAL CARE SERVICES	Y	YL	N	N	YL	YL	N	N
TRANSPLANT SERVICES								
BONE MARROW	Y	Y	Y	Y	Y	Y	N	Y
CORNEA	N	Y	N	Y	Y	Y	N	Y
HEART	Y	Y	N	N	Y	Y	Y	Y
LIVER	Y	Y	Y	N	Y	Y	Y	Y
LUNG	N	N	N	N	N	Y	Y	N
PANCREAS	N	N	N	N	N	Y	N	N
KIDNEY	Y	Y	Y	Y	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

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TABLE 3-1.1.

HCFA STATE PROFILE DATA SYSTEM
 MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 14

COVERAGE AND LIMITATIONS	- KS - CAT/MED	- KY - CAT/MED	- LA - CAT/MED	- ME - CAT/MED	- MD - CAT/MED	- MA - CAT/MED	- MI - CAT/MED	- MN - CAT/MED
+INPATIENT HOSPITAL	YL	YL	YL	YL	YL	YL	YL	YL
+OUTPATIENT HOSPITAL	YL	YL	YL	Y	YL	YL	YL	YL
+RURAL HEALTH CLINICS	YL	YL	Y	Y	Y	Y	Y	Y
+FEDERALLY QUAL HLTH CTRS	YL	Y*	YL	Y	Y	Y*	Y	Y
+OTHER LAB AND X-RAYS	YL	YL	Y	Y	Y	Y	YL	YL
+NF (AGE 21 OR OLDER)	Y	YL*	YL	Y	Y	YL	YL	Y
+EPSDT	Y	Y	Y	Y	Y	Y	Y	Y
+FAM PLANNING & SUPPLIES	YL	Y	Y	YL	Y	Y	Y	Y
+PHYSICIAN SERVICES	YL	YL	YL	Y	YL	YL	YL	Y
+MED/SURG SERV OF A DENTIST	YL	YL	YL	Y	YL	YL	YL	N
OTHER LICENSED PRACTITIONERS								
PODIATRISTS	YL	YL	YL	YL	YL	YL	YL	YL
OPTOMETRISTS	YL	YL	YL	YL	YL	YL	YL	YL
CHIROPRACTORS	YL	N	N	YL	Y	N	Y	YL
PSYCHOLOGISTS	YL	N	N	YL	Y	YL	N	YL
MEDICAL SOCIAL WORKERS	N	N	N	N	Y	N	N	YL
NURSE ANESTHETISTS	YL	Y	Y	N	YL	N	YL	YL
HOME HEALTH SERVICES								
+HOME HEALTH NURSING	YL	YL	YL	Y	YL	Y	YL	YL
+HOME HEALTH AIDE	YL	Y	YL	Y	YL	YL	YL	YL
+MED SUPP/EQUIP/APPLIANCES	YL	YL	YL	Y	Y	YL	YL	YL
PHYSICAL THERAPY	YL	YL	YL	Y	YL	Y	Y	YL
OCCUPATIONAL THERAPY	YL	YL	N	Y	YL	Y	YL	YL
SPEECH PATHOLOGY/AUDIOLOGY	YL	YL	N	Y	YL	Y	Y	Y
PRIVATE DUTY NURSING	N	N	N	YL	YL	YL	N	YL
CLINIC SERVICES								
MATERNAL&CHILD HLTH CLINIC	YL	YL	YL	N	Y	Y	Y	Y
MENTAL HEALTH CLINIC	YL	YL	Y	N	Y	Y	Y	YL
ALCOHOL & SUB ABUSE CLINIC	YL	Y	Y	N	Y	Y	Y*	YL
BIRTHING CENTER	YL	Y	N	N	N	Y	N	N
AMBULATORY SURGICAL CENTER	YL	Y	YL	N	Y	Y	N	Y
END STAGE RENAL DISEASE	YL	Y	Y	N	Y	Y	N	N
MR/DAY TREATMENT	N	N	N	N	N	Y	N	N
DENTAL SERVICES	YL	YL	N	YL	YL	YL	YL	YL
PHYS THERAPY & REL SERVICES								
PHYSICAL THERAPY	YL	YL	N	Y	YL	YL	YL	YL
OCCUPATIONAL THERAPY	YL	YL	N	Y	N	YL	YL	YL
SPEECH DISORDERS	YL	YL	N	Y	YL	YL	YL	YL
HEARING DISORDERS	YL	YL	N	YL	YL	YL	YL	YL
LANGUAGE DISORDERS	YL	N	N	Y	YL	YL	YL	YL
PRESCRIBED ITEMS								
PRESCRIBED DRUGS	YL	YL	Y	YL	YL	YL	YL	YL
DENTURES	YL	N	YL	YL	YL	Y	YL	YL
PROSTHETIC DEVICES	YL	YL	YL	Y	YL	Y	YL	YL
EYEGLASSES	YL	YL	N	YL	YL	YL	YL	YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

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NOTE: CAT/ME~ IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

HCFA STATE PROFILE DATA SYSTEM
 MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED
OTHER PROFESSIONAL SERVICES								
DIAGNOSTIC SERVICES	N	YL	N	YL	N	Y	YL	Y
SCREENING SERVICES	N	YL	N	YL	N	Y	N	Y
PREVENTIVE SERVICES	N	YL	N	YL	N	Y	N	YL
REHABILITATIVE SERVICES	YL	YL	YL	YL	N	YL	YL	YL
IMD INPAT HOSP (65 OR OLDER)	YL	Y	YL	N	Y	Y	Y	YL
IMD NF (65 OR OLDER)	YL	YL	N	N	Y	Y	YL	YL
ICF/MR	YL	YL	YL	Y	Y	Y	YL	YL
INPAT PSYCH (UNDER 21)	YL	YL	YL	Y	Y	Y	YL	YL
+NURSE MIDWIFE	YL	Y	YL	Y	YL	Y	YL	YL
HOSPICE CARE	YL	YL	N	N	YL	Y	YL	YL
TARGETED CASE MGMT SERVICES								
TCM - UNDER 21	YL	YL	N	N	YL	N	N	N
TCM - CHRON MENTALLY ILL	Y	Y*	Y	YL	YL	Y	N	YL
TCM - PREGNANT WOMEN	N	YL	Y	YL	YL	N	N	N
TCM - AIDS	N	N	N	YL	YL	YL	N	N
TCM - HIV POSITIVE	N	N	Y	N	YL	Y	N	N
TCM - DEVELOP DISABLED	N	N	Y	YL	Y	N	N	N
PRESUMPTIVE ELIGIBILITY								
AMBULATORY PRENATAL CARE	N	N	Y	YL	Y	Y*	N	N
RESPIRATORY CARE SERVICES	N	N	N	N	YL	N	YL	N
+CERT PED NURSE PRACTITIONER	YL	Y*	YL	Y	N	Y	YL	Y
+CERT FAM NURSE PRACTITIONER	YL	YL*	YL	Y	Y	Y	YL	Y
OTHER CARE RECOG BY STATE LAW								
TRANSPORTATION SERVICES	YL	YL	YL	YL	YL	Y	YL	Y
CHRISTIAN SCI NURSES	N	N	N	Y	N	N	N	N
CHRISTIAN SCI SANATORIUMS	N	N	N	Y	N	N	N	N
NF SERVICES (UNDER 21)	YL	YL	YL	Y	YL	YL	YL	YL
EMERGENCY HOSP SERVICES	Y	YL	N	N	Y	Y	YL	YL
PERSONAL CARE SERVICES	YL	N	N	YL	YL	YL	YL	YL
TRANSPLANT SERVICES								
BONE MARROW	Y	Y	Y	Y	Y	Y	Y	Y
CORNEA	Y	Y	Y	Y	Y	Y	N	Y
HEART	Y	Y	Y	Y	Y	Y	Y	Y
LIVER	Y	Y	Y	Y	Y	Y	Y	Y
LUNG	Y	Y	Y	Y	Y	Y	Y	Y
PANCREAS	Y	Y	Y	N	N	Y	Y	Y
KIDNEY	Y	Y	Y	Y	Y	Y	N	Y

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TABLE 3-1.1.

HCFA STATE PROFILE DATA SYSTEM
 MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 7 OF 14

COVERAGE AND LIMITATIONS	- MS -	- MD -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1
+INPATIENT HOSPITAL	YL	N	YL	YL	YL	YL	YL	YL
+OUTPATIENT HOSPITAL	YL	N	YL	YL	YL	YL	YL	YL
+RURAL HEALTH CLINICS	YL	N	YL	YL	YL	Y	N	YL
+FEDERALLY QUAL HLTH CTRS	Y	N	YL	YL	YL	Y	YL	YL
+OTHER LAB AND X-RAYS	Y	N	YL	Y	Y	YL	Y	YL
+NIF (AGE 21 OR OLDER)	YL	N	YL	YL	YL	YL	YL	Y
+EPSDT	Y	N	Y	Y	Y	Y	N	Y
+FAM PLANNING & SUPPLIES	Y	N	YL	Y	Y	YL	YL	Y
+PHYSICIAN SERVICES	YL	N	YL	YL	YL	YL	YL	YL
+MED/SURG SERV OF A DENTIST	YL	N	YL	YL	YL	Y	YL	N
OTHER LICENSED PRACTITIONERS								
PODIATRISTS	N	N	YL	YL	YL	YL	YL	YL
OPTOMETRISTS	N	N	YL	YL	YL	YL	YL	YL
CHIROPRACTORS	N	N	N	YL	N	YL	YL	YL
PSYCHOLOGISTS	N	N	YL	YL	N	YL	YL	YL
MEDICAL SOCIAL WORKERS	N	N	YL	N	N	N	N	N
NURSE ANESTHETISTS	Y	N	YL	Y	YL	N	N	YL
HOME HEALTH SERVICES								
+HOME HEALTH NURSING	YL	N	YL	YL	YL	YL	YL	YL
+HOME HEALTH AIDE	YL	N	YL	YL	YL	YL	YL	YL
+MED SUPP/EQUIP/APPLIANCES	Y	N	YL	YL	YL	YL	YL	YL
PHYSICAL THERAPY	YL	N	YL	YL	YL	YL	YL	YL
OCCUPATIONAL THERAPY	N	N	YL	YL	YL	YL	YL	YL
SPEECH PATHOLOGY/AUDIOLOGY	YL	N	YL	YL	YL	YL	YL	YL
PRIVATE DUTY NURSING	N	N	YL	YL	YL	YL	N	N
CLINIC SERVICES								
MATERNAL&CHILD HLTH CLINIC	N	N	YL	Y	YL	Y	YL	YL
MENTAL HEALTH CLINIC	N	N	YL	YL	YL	YL	YL	YL
ALCOHOL & SUB ABUSE CLINIC	N	N	N	YL	YL	N	YL	N
BIRTHING CENTER	N	N	N	N	N	N	YL	N
AMBULATORY SURGICAL CENTER	Y	N	YL	Y	YL	N	YL	N
END STAGE RENAL DISEASE	N	N	YL	Y	YL	N	Y	YL
MR/DAY TREATMENT	N	N	N	N	N	N	YL	N
DENTAL SERVICES	YL	N	YL	YL	YL	YL	YL	YL
PHYS THERAPY & REL SERVICES								
PHYSICAL THERAPY	YL	N	YL	YL	YL	YL	YL	YL
OCCUPATIONAL THERAPY	YL	N	YL	YL	YL	YL	YL	YL
SPEECH DISORDERS	YL	N	YL	YL	YL	YL	YL	YL
HEARING DISORDERS	YL	N	YL	YL	YL	YL	YL	YL
LANGUAGE DISORDERS	YL	N	YL	YL	YL	YL	YL	YL
PRESCRIBED ITEMS								
PRESCRIBED DRUGS	YL	N	YL	YL	YL	YL	YL	YL
DENTURES	N	N	YL	YL	YL	N	YL	YL
PROSTHETIC DEVICES	YL	N	YL	YL	YL	YL	YL	YL
EYEGLASSES	YL	N	YL	YL	YL	YL	YL	YL

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 MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- MS -		- MO -		- MT -		- NE -		- NV -		- NH -		- NJ -		- NM -	
	CAT/MED 1	CAT/MED	CAT/MED 1	CAT/MED	CAT/MED 1	CAT/MED	CAT/MED 1	CAT/MED	CAT/MED 1	CAT/MED	CAT/MED 1	CAT/MED	CAT/MED 1	CAT/MED	CAT/MED 1	CAT/MED
OTHER PROFESSIONAL SERVICES																
DIAGNOSTIC SERVICES	Y	N	N	N	Y	N	N	N	N	N	Y	Y	Y	Y	N	N
SCREENING SERVICES	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
PREVENTIVE SERVICES	Y	N	N	N	Y	N	N	N	N	N	Y	Y	Y	Y	N	N
REHABILITATIVE SERVICES	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
IMD INPAT HOSP (65 OR OLDER)	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
IMD NF (65 OR OLDER)	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
ICF/MR	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
INPAT PSYCH (UNDER 21)	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
+NURSE MIDWIFE	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
HOSPICE CARE	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
TARGETED CASE MGMT SERVICES																
TCM - UNDER 21	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
TCM - CHRON MENTALLY ILL	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
TCM - PREGNANT WOMEN	Y	N	N	N	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N
TCM - AIDS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TCM - HIV POSITIVE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TCM - DEVELOP DISABLED	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PRESUMPTIVE ELIGIBILITY																
AMBULATORY PRENATAL CARE	N	N	N	N	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N
RESPIRATORY CARE SERVICES	Y	N	N	N	Y	N	N	N	Y	Y	N	N	N	N	N	N
+CERT PED NURSE PRACTITIONER	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
+CERT FAM NURSE PRACTITIONER	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
OTHER CARE RECOG BY STATE LAW																
TRANSPORTATION SERVICES	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
CHRISTIAN SCI NURSES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
CHRISTIAN SCI SANITARIUMS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
NF SERVICES (UNDER 21)	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
EMERGENCY HOSP SERVICES	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PERSONAL CARE SERVICES	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
TRANSPLANT SERVICES																
BONE MARROW	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
CORNEA	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
HEART	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
LIVER	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
LUNG	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PANCREAS	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
KIDNEY	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

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TABLE 3-1.1.

HCFA STATE PROFILE DATA SYSTEM
 MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 9 OF 14

COVERAGE AND LIMITATIONS	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED 1	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
+INPATIENT HOSPITAL	YL	YL	Y	YL	YL	YL	YL	YL
+OUTPATIENT HOSPITAL	YL	YL	Y	YL	YL	YL	YL	YL
+RURAL HEALTH CLINICS	YL	YL	Y	YL	YL	Y	Y	YL
+FEDERALLY QUAL HLTH CTRS	YL	YL	Y	YL	Y	Y	Y	YL
+OTHER LAB AND X-RAYS	YL	Y	Y	YL	YL	YL	YL	YL
+NF (AGE 21 OR OLDER)	YL	YL	Y	YL	YL	Y	Y	YL
+EPSDT	Y	Y	Y	Y	Y	Y	Y	Y
+FAM PLANNING & SUPPLIES	Y	Y	Y	Y	YL	Y	Y	YL
+PHYSICIAN SERVICES	YL	YL	Y	YL	YL	Y	YL	YL
+MED/SURG SERV OF A DENTIST	YL	YL	Y	YL	YL	YL	YL	YL
OTHER LICENSED PRACTITIONERS								
PODIATRISTS	YL	YL	Y	YL	YL	YL	YL	YL
OPTOMETRISTS	YL	YL	YL	YL	YL	YL	YL	YL
CHIROPRACTORS	YL	YL	Y	YL	N	YL	YL	N
PSYCHOLOGISTS	YL	N	Y	YL	YL	N	N	N
MEDICAL SOCIAL WORKERS	N	N	N	N	N	N	N	N
NURSE ANESTHETISTS	N	N	N	Y	YL	Y	N	N
HOME HEALTH SERVICES								
+HOME HEALTH NURSING	Y	YL	Y	YL	YL	YL	YL	YL
+HOME HEALTH AIDE	Y	YL	Y	Y	YL	YL	YL	YL
+MED SUPP/EQUIP/APPLIANCES	YL	YL	Y	YL	YL	YL	YL	YL
PHYSICAL THERAPY	Y	YL	Y	YL	N	YL	YL	YL
OCCUPATIONAL THERAPY	Y	YL	Y	YL	N	YL	YL	YL
SPEECH PATHOLOGY/AUDIOLOGY	Y	YL	Y	Y	N	YL	YL	YL
PRIVATE DUTY NURSING	YL	YL	Y	YL	N	YL	YL	N
CLINIC SERVICES								
MATERNAL&CHILD HLTH CLINIC	YL	YL	N	YL	N	YL	YL	N
MENTAL HEALTH CLINIC	Y	YL	N	YL	N	YL	YL	N
ALCOHOL & SUB ABUSE CLINIC	Y	Y	N	YL	N	YL	YL	N
BIRTHING CENTER	N	YL	N	N	YL	YL	YL	N
AMBULATORY SURGICAL CENTER	Y	YL	N	Y	YL	YL	YL	N
END STAGE RENAL DISEASE	Y	YL	N	Y	YL	YL	YL	N
MR/DAY TREATMENT	Y	N	N	N	N	N	N	N
DENTAL SERVICES	YL	YL	YL	YL	YL	YL	YL	YL
PHYS THERAPY & REL SERVICES								
PHYSICAL THERAPY	YL	N	Y	YL	N	YL	YL	N
OCCUPATIONAL THERAPY	YL	N	Y	YL	N	YL	YL	N
SPEECH DISORDERS	YL	N	Y	YL	N	YL	YL	N
HEARING DISORDERS	YL	N	Y	YL	N	YL	YL	N
LANGUAGE DISORDERS	YL	N	Y	YL	N	YL	YL	N
PRESCRIBED ITEMS								
PRESCRIBED DRUGS	YL	YL	YL	YL	YL	YL	Y	YL
DENTURES	YL	YL	YL	YL	N	YL	YL	YL
PROSTHETIC DEVICES	YL	Y	Y	YL	YL	YL	YL	YL
EYEGLASSES	Y	YL	YL	YL	YL	N	N	N

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 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED 1	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
OTHER PROFESSIONAL SERVICES								
DIAGNOSTIC SERVICES	Y	YL	Y	N	N	YL	YL	N
SCREENING SERVICES	Y	YL	Y	N	N	YL	YL	N
PREVENTIVE SERVICES	Y	YL	Y	N	N	YL	YL	N
REHABILITATIVE SERVICES	YL	YL	Y	YL	YL	YL	YL	YL
IMD INPAT HOSP (65 OR OLDER)	Y	Y	Y	N	N	YL	Y	YL
IMD NF (65 OR OLDER)	N	YL	N	Y	N	YL	Y	YL
ICF/MR	Y	YL	Y	Y	YL	YL	Y	YL
INPAT PSYCH (UNDER 21)	Y	YL	Y	N	N	YL	Y	YL
+NURSE MIDWIFE	Y	YL	Y	YL	YL	YL	Y	YL
HOSPICE CARE	YL	YL	Y	YL	N	YL	YL	YL
TARGETED CASE MGMT SERVICES								
TCM - UNDER 21	YL	YL	N	N	N	YL	YL	N
TCM - CHRON MENTALLY ILL	YL	YL	YL	YL	N	YL	Y	Y
TCM - PREGNANT WOMEN	Y	YL	N	YL	N	Y	N	N
TCM - AIDS	YL	N	N	N	N	Y	Y	Y
TCM - HIV POSITIVE	YL	N	N	N	N	Y	Y	Y
TCM - DEVELOP DISABLED	Y	YL	N	YL	YL*	YL	N	Y
PRESUMPTIVE ELIGIBILITY								
AMBULATORY PRENATAL CARE	Y	Y	N	Y	N	Y	Y	N
RESPIRATORY CARE SERVICES	N	N	N	N	N	YL	YL	N
+CERT PED NURSE PRACTITIONER	Y	YL	Y	Y	YL	YL	YL	YL
+CERT FAM NURSE PRACTITIONER	Y	YL	Y	Y	YL	YL	YL	YL
OTHER CARE RECOG BY STATE LAW								
TRANSPORTATION SERVICES	YL	YL	Y	YL	YL	YL	Y	YL
CHRISTIAN SCI NURSES	N	N	N	N	N	YL	YL	N
CHRISTIAN SCI SANATORIUMS	N	N	N	N	N	YL	YL	N
NF SERVICES (UNDER 21)	YL	YL	Y	YL	N	Y	Y	YL
EMERGENCY HOSP SERVICES	Y	N	Y	N	N	Y	Y	N
PERSONAL CARE SERVICES	YL	YL	N	N	YL	YL	N	YL
TRANSPLANT SERVICES								
BONE MARROW	Y*	Y	Y	Y	N	Y	Y	Y
CORNEA	Y*	Y	N	Y	N	Y	Y	Y
HEART	Y*	Y	Y	Y	N	Y	Y	Y
LIVER	Y*	Y	Y	Y	N	Y	Y	Y
LUNG	N*	Y	Y	Y	N	Y	Y	Y
PANCREAS	N*	N	N	Y	N	Y	Y	N
KIDNEY	Y*	Y	Y	Y	Y	Y	Y	Y

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HCFA STATE PROFILE DATA SYSTEM
 MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- SC - CAT/MED 1	- SD - CAT/MED 1	- TN - CAT/MED	- TX - CAT/MED	- UT - CAT/MED	- VT - CAT/MED	- VA - CAT/MED	- WA - CAT/MED
+INPATIENT HOSPITAL	Y	N	YL	YL	YL	YL	YL	YL
+OUTPATIENT HOSPITAL	Y	N	YL	YL	YL	YL	YL	YL
+RURAL HEALTH CLINICS	Y	N	YL	YL	YL	YL	YL	YL
+FEDERALLY QUAL HLTH CTRS	YL	N	Y	Y	Y	Y	Y*	Y
+OTHER LAB AND X-RAYS	YL	N	YL	Y	Y	Y	Y	YL
+NF (AGE 21 OR OLDER)	YL	N	YL	Y	Y	YL	YL	YL
+EPSDT	Y	N	Y	Y	Y	Y	Y	Y
+FAM PLANNING & SUPPLIES	YL	N	Y	Y	YL	YL	Y	Y
+PHYSICIAN SERVICES	YL	N	YL	YL	YL	YL	YL	YL
+MED/SURG SERV OF A DENTIST	YL	N	YL	Y	YL	YL	YL	YL
OTHER LICENSED PRACTITIONERS								
PODIATRISTS	YL	N	YL	Y	YL	YL	YL	YL
OPTOMETRISTS	YL	N	YL	YL	YL	YL	YL	YL
CHIROPRACTORS	N	N	N	YL	YL	YL	N	N
PSYCHOLOGISTS	YL	N	N	YL	YL	YL	YL	N
MEDICAL SOCIAL WORKERS	N	N	N	N	N	N	N	N
NURSE ANESTHETISTS	YL	N	Y	Y	N	N	N	N
HOME HEALTH SERVICES								
+HOME HEALTH NURSING	YL	N	YL	YL	YL	YL	YL	YL
+HOME HEALTH AIDE	YL	N	YL	YL	YL	YL	YL	YL
+MED SUPP/EQUIP/APPLIANCES	YL	N	YL	Y	YL	YL	YL	YL
PHYSICAL THERAPY	YL	N	YL	Y	YL	YL	YL	YL
OCCUPATIONAL THERAPY	YL	N	YL	N	N	YL	YL	YL
SPEECH PATHOLOGY/AUDIOLOGY	YL	N	YL	N	YL	YL	YL	YL
PRIVATE DUTY NURSING	N	N	N	N	YL	YL	N	YL
CLINIC SERVICES								
MATERNAL&CHILD HLTH CLINIC	YL	N	YL	Y	Y	Y	YL	Y
MENTAL HEALTH CLINIC	YL	N	YL	N	N	Y	YL	N
ALCOHOL & SUB ABUSE CLINIC	N	N	YL	N	YL	N	YL	N
BIRTHING CENTER	YL	N	YL	N	YL	N	N	N
AMBULATORY SURGICAL CENTER	YL	N	YL	N	YL	N	Y	N
END STAGE RENAL DISEASE	YL	N	YL	N	Y	N	Y	N
MR/DAY TREATMENT	N	N	YL	N	N	N	N	N
DENTAL SERVICES	YL	N	YL	N	YL	YL	YL	YL
PHYS THERAPY & REL SERVICES								
PHYSICAL THERAPY	YL	N	N	Y	YL	YL	YL	YL
OCCUPATIONAL THERAPY	YL	N	N	N	N	YL	YL	YL
SPEECH DISORDERS	YL	N	N	N	YL	YL	YL	YL
HEARING DISORDERS	YL	N	N	N	YL	YL	YL	YL
LANGUAGE DISORDERS	YL	N	N	N	YL	YL	YL	YL
PRESCRIBED ITEMS								
PRESCRIBED DRUGS	YL	N	YL	YL	YL	YL	YL	YL
DENTURES	N	N	N	N	Y	YL	N	YL
PROSTHETIC DEVICES	YL	N	YL	YL	YL	YL	YL	YL
EYEGLASSES	YL	N	N	YL	YL	YL	YL	YL

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TABLE 3-1.2.

HCFA STATE PROFILE DATA SYSTEM
 MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 12 OF 14

COVERAGE AND LIMITATIONS	- SC -		- SD -		- TN -		- TX -		- UT -		- VT -		- VA -		- WA -	
	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED	1
OTHER PROFESSIONAL SERVICES																
DIAGNOSTIC SERVICES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SCREENING SERVICES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PREVENTIVE SERVICES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
REHABILITATIVE SERVICES	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N
IMD INPAT HOSP (65 OR OLDER)	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N
IMD NF (65 OR OLDER)	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N
ICF/MR	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N
INPAT PSYCH (UNDER 21)	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N
+NURSE MIDWIFE	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N
HOSPICE CARE	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N
TARGETED CASE MGMT SERVICES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TCM - UNDER 21	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N
TCM - CHRON MENTALLY ILL	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N
TCM - PREGNANT WOMEN	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N
TCM - AIDS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TCM - HIV POSITIVE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TCM - DEVELOP DISABLED	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRESUMPTIVE ELIGIBILITY	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
AMBULATORY PRENATAL CARE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
RESPIRATORY CARE SERVICES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
+CERT PED NURSE PRACTITIONER	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N
+CERT FAM NURSE PRACTITIONER	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N
OTHER CARE RECOG BY STATE LAW																
TRANSPORTATION SERVICES	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N
CHRISTIAN SCI NURSES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
CHRISTIAN SCI SANATORIUMS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
NF SERVICES (UNDER 21)	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N	YL	N
EMERGENCY HOSP SERVICES	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
PERSONAL CARE SERVICES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TRANSPLANT SERVICES																
BONE MARROW	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
CORNEA	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
HEART	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
LIVER	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
LUNG	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
PANCREAS	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
KIDNEY	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N

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HCFA STATE PROFILE DATA SYSTEM
 MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- WV - CAT/MED	- WI - CAT/MED	- WY - CAT/MED 1
+INPATIENT HOSPITAL	Y	Y	YL
+OUTPATIENT HOSPITAL	YL	Y	YL
+RURAL HEALTH CLINICS	Y	Y	Y
+FEDERALLY QUAL HLTH CTRS	Y	Y	Y
+OTHER LAB AND X-RAYS	Y	Y	Y
+NF (AGE 21 OR OLDER)	Y	YL	Y
+EPSDT	Y	Y	Y
+FAM PLANNING & SUPPLIES	Y	YL	YL
+PHYSICIAN SERVICES	YL	Y	YL
+MED/SURG SERV OF A DENTIST	YL	Y	Y
OTHER LICENSED PRACTITIONERS			
PODIATRISTS	Y	Y	N
OPTOMETRISTS	YL	Y	YL
CHIROPRACTORS	Y	Y	N
PSYCHOLOGISTS	Y	Y	N
MEDICAL SOCIAL WORKERS	N	Y	N
NURSE ANESTHETISTS	Y	N	Y
HOME HEALTH SERVICES			
+HOME HEALTH NURSING	Y	YL	Y
+HOME HEALTH AIDE	Y	YL	Y
+MED SUPP/EQUIP/APPLIANCES	YL	Y	Y
PHYSICAL THERAPY	Y	YL	Y
OCCUPATIONAL THERAPY	Y	YL	Y
SPEECH PATHOLOGY/AUDIOLOGY	Y	YL	YL
PRIVATE DUTY NURSING	Y	YL	N
CLINIC SERVICES			
MATERNAL&CHILD HLTH CLINIC	Y	YL	Y
MENTAL HEALTH CLINIC	Y	YL	Y
ALCOHOL & SUB ABUSE CLINIC	Y	YL	Y
BIRTHING CENTER	Y	N	N
AMBULATORY SURGICAL CENTER	Y	Y	Y
END STAGE RENAL DISEASE	Y	Y	Y
MR/DAY TREATMENT	Y	N	N
DENTAL SERVICES	Y	Y	YL
PHYS THERAPY & REL SERVICES			
PHYSICAL THERAPY	Y	YL	YL
OCCUPATIONAL THERAPY	Y	YL	N
SPEECH DISORDERS	Y	Y	N
HEARING DISORDERS	YL	YL	Y
LANGUAGE DISORDERS	YL	YL	N
PRESCRIBED ITEMS			
PRESCRIBED DRUGS	Y	YL	YL
DENTURES	YL	YL	N
PROSTHETIC DEVICES	YL	YL	YL
EYEGLASSES	YL	YL	N*

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HCFA STATE PROFILE DATA SYSTEM
 MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS

	- WV -	- WI -	- WY -
	CAT/MED	CAT/MED	CAT/MED 1
OTHER PROFESSIONAL SERVICES			
DIAGNOSTIC SERVICES	N	YL	N
SCREENING SERVICES	N	YL	N
PREVENTIVE SERVICES	N	YL	N
REHABILITATIVE SERVICES	Y	YL	YL
IMD INPAT HOSP (65 OR OLDER)	N	Y	Y
IMD NF (65 OR OLDER)	N	YL	N
ICF/MR	YL	Y	Y
INPAT PSYCH (UNDER 21)	Y	Y	N
+NURSE MIDWIFE	Y	Y	N
HOSPICE CARE	N	Y	N
TARGETED CASE MGMT SERVICES			
TCM - UNDER 21	Y	N	N
TCM - CHRON MENTALLY ILL	Y	N	N
TCM - PREGNANT WOMEN	Y	YL	N
TCM - AIDS	N	N	N
TCM - HIV POSITIVE	N	YL	N
TCM - DEVELOP DISABLED	Y	N	N
PRESUMPTIVE ELIGIBILITY			
AMBULATORY PRENATAL CARE	N	Y	N
RESPIRATORY CARE SERVICES	Y	Y	N
+CERT PED NURSE PRACTITIONER	N	Y	Y
+CERT FAM NURSE PRACTITIONER	N	Y	Y
OTHER CARE RECOG BY STATE LAW			
TRANSPORTATION SERVICES	YL	YL	YL
CHRISTIAN SCI NURSES	N	N	N
CHRISTIAN SCI SANITARIUMS	N	Y	N
NF SERVICES (UNDER 21)	Y	Y	Y
EMERGENCY HOSP SERVICES	Y	Y	N
PERSONAL CARE SERVICES	Y	YL	N
TRANSPLANT SERVICES			
BONE MARROW	Y	Y	N
CORNEA	Y	Y	N
HEART	Y	Y	N
LIVER	Y	Y	N
LUNG	N	Y	N
PANCREAS	N	Y	N
KIDNEY	Y	N	N

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TABLE 3-2.

HCFA STATE PROFILE DATA SYSTEM
INPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 7

COVERAGE AND LIMITATIONS	- AL - CAT/MED 1	- AK - CAT/MED 1	- AZ - CAT/MED 1	- AR - CAT/MED 1	- CA - CAT/MED 1	- CO - CAT/MED 1	- CT - CAT/MED 1	- DE - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	Y*	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y*	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y*	Y	Y	Y	Y
DAYS/UNITS PER PERIOD	Y	N	N	Y*	N	N	N	N
DAYS/YEAR	16	NA	NA	20*	NA	NA	NA	NA
DAYS/ADMISSION	NA	NA	NA	NA	NA	NA	NA	NA
DAYS/SPELL OF ILLNESS	NA	NA	NA	NA	NA	NA	NA	NA
VARIABLE	N	N	N	Y	N	N	N	N
OTHER	N	N	N	Y	N	N	N	N
PRE-OPER DAYS/WKND ADMISNS	N	N	N	N	N	N	Y	N
POSSIBLE OUTPAT PROCEDURES	N	Y	Y	N	Y	N	N	N
PRIOR AUTHORIZATION	Y	Y	Y	Y*	Y	Y	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	Y	Y	N	Y	N	N	N
ITEM	N	Y	N	N	N	N	N	N
EXTENSION OF BENEFITS	Y	Y	N	Y*	Y	N	Y	N
OUT-OF-STATE PROVIDER	N	Y	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	Y	Y
SECOND OPINION	N	N	N	N	N	N	N	N
SPECIFIC PROCEDURE	N	N	N	N	N	N	N	N
ELECTIVE PROCEDURE	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURES	N	Y	Y	Y*	N	N	Y	Y
EXPERIMENTAL PROC/SURG	N	Y	N	Y*	N	N	Y	Y
COSMETIC SURG	N	Y	N	Y	N	N	Y	Y
OTHER	N	Y	Y	Y	N	N	Y	Y

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TABLE 3-2.

HCFA STATE PROFILE DATA SYSTEM
INPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- DC - CAT/MED	- FL - CAT/MED	- GA - CAT/MED	- HI - CAT/MED	- ID - CAT/MED 1	- IL - CAT/MED	- IN - CAT/MED 1	- IA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y
DAYS/UNITS PER PERIOD	N	Y	N	N	N	N	N	N
DAYS/YEAR	NA	45	NA	NA	NA	NA	NA	NA
DAYS/ADMISSION	NA	NA	NA	NA	NA	NA	NA	NA
DAYS/SPELL OF ILLNESS	NA	NA	NA	NA	NA	NA	NA	NA
VARIABLE	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
PRE-OPER DAYS/WKND ADMISNS	Y	N	N	N	N	Y	N	N
POSSIBLE OUTPAT PROCEDURES	N	N	Y	N	N	Y	N	Y
PRIOR AUTHORIZATION	Y	Y	Y	N	N	N	N	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	Y	Y	Y	N	N	N	N	Y
ITEM	Y	Y	Y	N	N	N	N	N
EXTENSION OF BENEFITS	N	Y	Y	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	Y	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
SPECIFIC PROCEDURE	N	N	N	N	N	N	N	N
ELECTIVE PROCEDURE	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURES	N	Y	Y	N	N	N	N	Y
EXPERIMENTAL PROC/SURG	N	Y	Y	N	N	N	N	N
COSMETIC SURG	N	Y	Y	N	N	N	N	N
OTHER	N	N	Y	N	N	N	N	N

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TABLE 3-2.

HCFA STATE PROFILE DATA SYSTEM
INPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

COVERAGE AND LIMITATIONS	- KS - CAT/MED	- KY - CAT/MED	- LA - CAT/MED	- ME - CAT/MED	- MD - CAT/MED	- MA - CAT/MED	- MI - CAT/MED	- MN - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y
DAYS/UNITS PER PERIOD	Y	Y	Y	Y	Y	Y	Y	Y
DAYS/YEAR	NA	NA	15	NA	NA	NA	NA	NA
DAYS/ADMISSION	NA	14	NA	NA	NA	NA	NA	NA
DAYS/SPELL OF ILLNESS	NA	28	NA	NA	NA	NA	NA	NA
VARIABLE	N	Y	N	N	N	N	N	N
OTHER	Y	Y	N	N	N	N	N	N
PRE-OPER DAYS/WKND ADMISNS	N	Y	N	N	N	N	N	N
POSSIBLE OUTPAT PROCEDURES	N	N	Y	N	N	N	Y	Y
PRIOR AUTHORIZATION	Y	Y	Y	Y	Y	Y	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	Y	N	Y	N	N	N	N
PROCEDURE	Y	Y	Y	N	Y	N	Y	Y
ITEM	N	Y	N	N	N	N	N	N
EXTENSION OF BENEFITS	Y	Y	N	Y	N	N	Y	Y
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	N
ANY OTHER	N	Y	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	Y	N	Y
SPECIFIC PROCEDURE	N	N	N	N	N	N	N	N
ELECTIVE PROCEDURE	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURES	Y	Y	N	N	Y	N	Y	Y
EXPERIMENTAL PROC/SURG	Y	N	N	N	N	N	Y	Y
COSMETIC SURG	Y	Y	N	N	N	N	N	Y
OTHER	Y	Y	N	N	N	N	Y	N

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TABLE 3-2.

HCFA STATE PROFILE DATA SYSTEM
INPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 7

COVERAGE AND LIMITATIONS	- MS - CAT/MED 1	- MD - CAT/MED 1	- MT - CAT/MED	- NE - CAT/MED	- NV - CAT/MED 1	- NH - CAT/MED	- NJ - CAT/MED	- NM - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y
DAYS/UNITS PER PERIOD	Y	Y	N	Y	N	Y	N	N
DAYS/YEAR	Y	Y	N	Y	N	Y	N	N
30	NA	NA	NA	NA	NA	NA	NA	NA
DAYS/ADMISSION	NA	NA	NA	NA	NA	NA	NA	NA
DAYS/SPELL OF ILLNESS	NA	NA	NA	NA	NA	NA	NA	NA
VARIABLE	N	Y	N	Y	N	N	N	N
OTHER	N	N	N	N	N	Y	N	N
PRE-OPER DAYS/WKND ADMISNS	Y	Y	N	Y	N	N	N	N
POSSIBLE OUTPAT PROCEDURES	N	Y	N	Y	N	N	N	Y
PRIOR AUTHORIZATION	Y	Y	N	Y	Y	Y	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	Y	N	Y	N	Y	N	N
ITEM	N	N	N	Y	N	Y	N	N
EXTENSION OF BENEFITS	Y	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	Y	N	Y	N	N	Y	N
ANY OTHER	N	N	N	N	Y	Y	Y	N
SECOND OPINION	N	Y	N	N	N	N	Y	N
SPECIFIC PROCEDURE	N	Y	N	N	N	N	Y	N
ELECTIVE PROCEDURE	N	Y	N	N	N	N	Y	N
EXCLUSION OF ANY PROCEDURES	N	Y	Y	Y	Y	Y	Y	Y
EXPERIMENTAL PROC/SURG	N	Y	Y	Y	Y	Y	Y	Y
COSMETIC SURG	N	Y	N	Y	Y	N	Y	Y
OTHER	N	N	N	N	Y	N	Y	N

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TABLE 3-2.

HCFA STATE PROFILE DATA SYSTEM
INPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 7

COVERAGE AND LIMITATIONS	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED 1	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y Y Y	Y Y Y	Y Y Y	Y Y Y	Y N Y	Y Y N	Y Y Y	Y N Y
LIMITATIONS	Y	Y	N	Y	Y	N	Y	Y
DAYS/UNITS PER PERIOD	N	N	N	N	Y*	N	Y	Y
DAYS/YEAR	NA	NA	NA	NA	12*	NA	NA	N
DAYS/ADMISSION	NA	NA	NA	NA	NA	NA	NA	NA
DAYS/SPELL OF ILLNESS	NA	NA	NA	NA	NA	18	NA	NA
VARIABLE	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	Y	N
PRE-OPER DAYS/WKND ADMISNS	Y	N	N	N	N	N	Y	N
POSSIBLE OUTPAT PROCEDURES	Y	N	N	Y	N	N	Y	N
PRIOR AUTHORIZATION	N	Y	N	Y	N	N	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	Y	N
PROCEDURE	N	Y	N	Y	N	N	Y	N
ITEM	N	Y	N	N	N	N	Y	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	Y	N
OUT-OF-STATE PROVIDER	N	Y	N	Y	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	Y	N
SPECIFIC PROCEDURE	N	N	N	N	N	N	N	N
ELECTIVE PROCEDURE	N	N	N	N	N	N	Y	N
EXCLUSION OF ANY PROCEDURES	N	Y	N	Y	N	N	Y	Y
EXPERIMENTAL PROC/SURG	N	Y	N	Y	N	N	Y	Y
COSMETIC SURG	N	N	N	Y	N	N	Y	Y
OTHER	N	N	N	Y	N	N	Y	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-2.

HCFA STATE PROFILE DATA SYSTEM
INPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- SC - CAT/MED 1	- SD - CAT/MED 1	- TN - CAT/MED	- TX - CAT/MED	- UT - CAT/MED	- VT - CAT/MED	- VA - CAT/MED	- WA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	N	Y	Y	Y	Y	Y	Y	Y
DAYS/UNITS PER PERIOD	N	N	N	Y	Y	N	Y	Y
DAYS/YEAR	NA	NA	NA	NA	NA	NA	NA	NA
DAYS/ADMISSION	NA	NA	NA	NA	NA	NA	21	NA
DAYS/SPELL OF ILLNESS	NA	NA	NA	30	NA	NA	NA	NA
VARIABLE	N	N	N	N	N	N	N	N
OTHER	N	N	N	Y	Y	N	N	Y
PRE-OPER DAYS/WKND ADMISNS	N	N	Y	N	N	N	Y	N
POSSIBLE OUTPAT PROCEDURES	N	N	N	N	Y	N	Y	N
PRIOR AUTHORIZATION	N	N	Y	N	Y	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	Y	Y	Y	N	N	N
ITEM	N	N	Y	Y	Y	N	N	N
EXTENSION OF BENEFITS	N	N	Y	Y	Y	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	Y	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	Y	N	N	N	N	N
SPECIFIC PROCEDURE	N	N	Y	N	N	N	N	N
ELECTIVE PROCEDURE	N	N	Y	N	N	N	N	N
EXCLUSION OF ANY PROCEDURES	N	N	Y	Y	Y	Y	Y	N
EXPERIMENTAL PROC/SURG	N	Y	Y	Y	Y	Y	Y	Y
COSMETIC SURG	N	Y	Y	Y	Y	Y	Y	Y
OTHER	N	Y	N	N	Y	N	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

NA = NOT APPLICABLE

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-2.

HCFA STATE PROFILE DATA SYSTEM
INPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 7 OF 7

COVERAGE AND LIMITATIONS

- WV - - WI - - WY -
CAT/MED CAT/MED CAT/MED 1

PROVIDED FOR PREGNANCY RLTD
AND POSTPARTUM CARE

PROVIDED FOR OTHER CONDTNS
THAT MAY COMPLICATE PRGNCY

SERVICE PROVIDED

LIMITATIONS

DAYS/UNITS PER PERIOD

DAYS/YEAR

DAYS/ADMISSION

DAYS/SPELL OF ILLNESS

VARIABLE

OTHER

PRE-OPER DAYS/WKND ADMISNS

POSSIBLE OUTPAT PROCEDURES

PRIOR AUTHORIZATION

DOLLAR THRESHOLD

UNIT THRESHOLD

PROCEDURE

ITEM

EXTENSION OF BENEFITS

OUT-OF-STATE PROVIDER

ANY OTHER

SECOND OPINION

SPECIFIC PROCEDURE

ELECTIVE PROCEDURE

EXCLUSION OF ANY PROCEDURES

EXPERIMENTAL PROC/SURG

COSMETIC SURG

OTHER

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TABLE 3-3.

HCFA STATE PROFILE DATA SYSTEM
OUTPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- AL - CAT/MED 1	- AK - CAT/MED 1	- AZ - CAT/MED 1	- AR - CAT/MED 1	- CA - CAT/MED 1	- CO - CAT/MED 1	- CT - CAT/MED 1	- DE - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y
DAYS PER PERIOD	Y	N	N	Y	N	N	Y	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	3	NA	NA	12	NA	NA	NA	NA
PROCEDURES	Y	N	Y	N	Y	N	N	N
PSYCHIATRIC	N	N	N	N	Y	N	N	N
STERILIZATIONS	N	N	Y	N	Y	N	N	N
OTHER	Y	N	Y	N	Y	N	N	N
EMERGENCY ROOM VISITS	N	N	N	N	N	N	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	NA	NA	NA	NA	NA	NA
HOUR OR DAY OF VISIT	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	N	Y	Y	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	Y	Y	N	Y	Y	N	N	N
EXTENSION OF BENEFITS	N	N	N	Y	Y	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
OTHER	N	N	N	Y	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
SPECIFIC PROCEDURES	N	N	N	N	N	N	N	N
ELECTIVE PROCEDURES	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	Y	Y	Y	N	N	N	N	N
EXPERIMENTAL PROC/SURG	N	N	N	N	N	N	N	N
COSMETIC SURG	Y	N	N	N	N	N	N	N
OTHER	N	Y	Y	N	N	Y	N	N

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TABLE 3-3.

HCFA STATE PROFILE DATA SYSTEM
 OUTPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 7

COVERAGE AND LIMITATIONS	DC - CAT/MED	FL - CAT/MED	GA - CAT/MED	HI - CAT/MED	ID - CAT/MED 1	IL - CAT/MED	IN - CAT/MED 1	IA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y
DAYS PER PERIOD	N	N	N	N	N	N	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	NA	NA	NA	NA	NA	NA
PROCEDURES	Y	Y	Y	Y	Y	Y	Y	Y
PSYCHIATRIC	N	N	N	N	N	N	N	N
STERILIZATIONS	N	N	N	N	N	N	N	N
OTHER	Y	Y	Y	Y	Y	Y	Y	Y
EMERGENCY ROOM VISITS	N	N	N	N	N	N	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	NA	NA	NA	NA	NA	NA
HOUR OR DAY OF VISIT	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	Y	Y	Y	Y	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	Y	Y	Y	Y	Y	Y	Y	Y
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
OTHER	Y	Y	Y	Y	Y	Y	Y	Y
SECOND OPINION	N	N	N	N	N	N	N	N
SPECIFIC PROCEDURES	N	N	N	N	N	N	N	N
ELECTIVE PROCEDURES	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	N	N	N	N	N	N	N	N
EXPERIMENTAL PROC/SURG	N	N	N	N	N	N	N	N
COSMETIC SURG	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NECESSARY

TABLE 3-3.

HCFA STATE PROFILE DATA SYSTEM
OUTPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y
DAYS PER PERIOD	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	12	12	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROCEDURES	Y	Y	Y	Y	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y
PSYCHIATRIC	Y	Y	N	N	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y
STERILIZATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N
EMERGENCY ROOM VISITS	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	NA	NA	3	3	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
HOUR OR DAY OF VISIT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	N	N	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	Y	Y	N	N	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y
EXTENSION OF BENEFITS	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	Y
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	Y	Y
SPECIFIC PROCEDURES	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	Y	Y
ELECTIVE PROCEDURES	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	Y	Y
EXCLUSION OF ANY PROCEDURE(S)	Y	Y	Y	Y	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y
EXPERIMENTAL PROC/SURG	Y	Y	N	N	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y
COSMETIC SURG	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	N
OTHER	Y	Y	Y	Y	N	N	N	N	Y	Y	N	N	Y	Y	Y	N

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TABLE 3-3.

HCFA STATE PROFILE DATA SYSTEM
OUTPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 7

COVERAGE AND LIMITATIONS	- MS - CAT/MED 1	- MO - CAT/MED 1	- MT - CAT/MED	- NE - CAT/MED	- NV - CAT/MED 1	- NH - CAT/MED	- NJ - CAT/MED	- NM - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDNTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y
DAYS PER PERIOD	Y	N	N	N	Y	Y	Y	Y
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	5	NA	NA	NA
VISITS PER YEAR	6	NA	NA	NA	NA	12	NA	NA
PROCEDURES	N	N	N	N	Y	N	Y	Y
PSYCHIATRIC	N	N	N	N	Y	N	N	N
STERILIZATIONS	N	N	N	N	Y	N	N	N
OTHER	N	N	N	N	Y	N	Y	N
EMERGENCY ROOM VISITS	N	N	N	N	N	N	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	NA	NA	NA	NA	NA	NA
HOUR OR DAY OF VISIT	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	Y	N	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	Y	N	Y	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	Y	Y	N	Y	Y
OTHER	N	N	N	N	N	N	Y	Y
SECOND OPINION	N	Y	N	N	N	N	Y	N
SPECIFIC PROCEDURES	N	N	N	N	N	N	Y	N
ELECTIVE PROCEDURES	N	Y	N	N	N	N	Y	N
EXCLUSION OF ANY PROCEDURE(S)	N	Y	Y	N	Y	N	Y	Y
EXPERIMENTAL PROC/SURG	N	Y	Y	N	Y	N	Y	Y
COSMETIC SURG	N	Y	N	N	Y	N	Y	Y
OTHER	N	N	N	N	Y	N	N	N

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TABLE 3-3.

HCFA STATE PROFILE DATA SYSTEM
OUTPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 7

COVERAGE AND LIMITATIONS	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y
DAYS PER PERIOD	N	Y	N	N	Y	N	Y	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	4	NA	NA	NA
VISITS PER YEAR	NA	24	NA	NA	NA	NA	12	NA
PROCEDURES	N	Y	N	Y	Y	N	Y	Y
PSYCHIATRIC	N	Y	N	Y	Y	N	Y	N
STERILIZATIONS	N	N	N	Y	N	N	N	N
OTHER	N	N	N	Y	Y	N	Y	Y
EMERGENCY ROOM VISITS	N	N	N	N	Y	N	N	Y
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	NA	NA	NA	NA	NA	NA
HOUR OR DAY OF VISIT	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	N	Y	N	N	N	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	Y	N	Y	N	N	N	N
EXTENSION OF BENEFITS	N	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	Y	N	Y	N	N	N	N
OTHER	Y	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
SPECIFIC PROCEDURES	N	N	N	N	N	N	N	N
ELECTIVE PROCEDURES	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	N	Y	N	Y	Y	Y	Y	Y
EXPERIMENTAL PROC/SURG	N	Y	N	Y	Y	Y	Y	Y
COSMETIC SURG	N	N	N	Y	Y	Y	Y	Y
OTHER	N	N	N	Y	Y	Y	Y	N

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TABLE 3-3.

HCFA STATE PROFILE DATA SYSTEM
OUTPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 7

COVERAGE AND LIMITATIONS	SC - CAT/MED 1	SD - CAT/MED 1	TN - CAT/MED	TX - CAT/MED	UT - CAT/MED	VT - CAT/MED	VA - CAT/MED	WA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDNTNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	N	Y	Y	Y	Y	Y	Y
LIMITATIONS	N	N	Y	Y	Y	Y	Y	Y
DAYS PER PERIOD	N	N	Y	Y	N	N	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	30	30	NA	NA	NA	NA
PROCEDURES	N	N	Y	Y	Y	Y	N	N
PSYCHIATRIC	N	N	N	Y	Y	Y	N	N
STERILIZATIONS	N	N	Y	N	N	N	N	N
OTHER	N	N	N	N	Y	Y	N	N
EMERGENCY ROOM VISITS	N	N	Y	Y	N	N	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	NA	NA	NA	NA	NA	NA
HOUR OR DAY OF VISIT	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	Y	Y	Y	Y	Y	Y
SPECIFIC PROCEDURES	N	N	Y	Y	Y	Y	Y	Y
ELECTIVE PROCEDURES	N	N	Y	Y	Y	Y	Y	Y
EXCLUSION OF ANY PROCEDURE(S)	N	N	Y	Y	Y	Y	Y	Y
EXPERIMENTAL PROC/SURG	N	N	Y	Y	Y	Y	Y	Y
COSMETIC SURG	N	N	Y	Y	Y	Y	Y	Y
OTHER	N	N	Y	Y	Y	Y	Y	Y

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TABLE 3-3.

HCFA STATE PROFILE DATA SYSTEM
OUTPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 7 OF 7

COVERAGE AND LIMITATIONS	- WV -	- WI -	- WY -
	CAT/MED	CAT/MED	CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y
LIMITATIONS	Y	Y	Y
DAYS PER PERIOD	N	N	N
VISITS PER WEEK	NA	NA	Y*
VISITS PER MONTH	NA	NA	NA
VISITS PER YEAR	NA	NA	12*
PROCEDURES	N	N	N
PSYCHIATRIC	N	N	Y
STERILIZATIONS	N	N	Y
OTHER	N	N	Y
EMERGENCY ROOM VISITS	N	N	N
VISITS PER WEEK	NA	NA	NA
VISITS PER MONTH	NA	NA	NA
VISITS PER YEAR	NA	NA	NA
HOUR OR DAY OF VISIT	N	N	N
PRIOR AUTHORIZATION	N	N	N
DOLLAR THRESHOLD	N	N	N
PROCEDURE	N	N	N
EXTENSION OF BENEFITS	N	N	N
OUT-OF-STATE PROVIDER	N	N	N
OTHER	N	N	N
SECOND OPINION	N	N	N
SPECIFIC PROCEDURES	N	N	N
ELECTIVE PROCEDURES	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	N	N	N
EXPERIMENTAL PROC/SURG	N	N	Y
COSMETIC SURG	N	N	Y
OTHER	N	N	Y

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Y = YES; N = NO

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-4.1.

HCFA STATE PROFILE DATA SYSTEM
PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 14

COVERAGE AND LIMITATIONS	- AL -		- AK -		- AZ -		- AR -		- CA -		- CO -		- CT -		- DE -	
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
SERVICE PROVIDED	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
LIMITATIONS	Y	N	Y	N	Y	N	Y	Y	Y	Y	N	N	Y	Y	Y	N
VISITS	Y	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
LMTS RGRDLSS SETTING/PROC	16	NA	NA	NA	NA	NA	12	12	NA	NA	NA	NA	NA	NA	NA	NA
NO. RGRDLSS SETTING/PROC	Y	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
LMTS BY SETTING PER PERIOD																
INPATIENT HOSPITAL	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	16	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NURSING FACILITY																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY ROOM																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
HOME																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OFFICE																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N

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TABLE 3-4.2.

HCFA STATE PROFILE DATA SYSTEM
PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 14

COVERAGE AND LIMITATIONS	AL	AK	AZ	AR	CA	CO	CT	DE
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1
LMTS BY TYPE PROC PER YEAR	Y	N	N	Y	Y	N	Y	N
PSYCHIATRIC	1	NA	NA	NA	8	NA	NA	NA
CONSULTATIONS	1	NA	NA	2	NA	NA	NA	NA
OTHER	Y	N	N	N	Y	N	Y	N
PRIOR AUTHORIZATION	Y	Y	N	Y	Y	N	N	N
VISIT THRESHOLD	N	N	N	N	Y	N	N	N
EXTENSION OF BENEFITS	N	N	N	Y	Y	N	N	N
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	N
PSYCHIATRIC	N	N	N	N	N	N	N	N
CONSULTATIONS	N	N	N	N	N	N	N	N
OTHER	Y	Y	N	Y	Y	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
SPECIFIC PROCEDURES	N	N	N	N	N	N	N	N
ELECTIVE PROCEDURES	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	Y	N	N	Y	Y	N	Y	Y
EXPERIMENTAL PROC/SURG	Y	N	N	N	Y	N	Y	Y
COSMETIC SURG	Y	N	N	N	N	N	Y	Y
ROUTINE PHYS EXAM	Y	N	N	N	N	N	Y	Y
OTHER	Y	N	N	Y	Y	N	Y	Y

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TABLE 3-4.1.

HCFA STATE PROFILE DATA SYSTEM
PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 14

COVERAGE AND LIMITATIONS	- DC - CAT/MED	- FL - CAT/MED	- GA - CAT/MED	- HI - CAT/MED	- ID - CAT/MED	- IL - CAT/MED	- IN - CAT/MED	- IA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y
VISITS	N	N	Y	N	N	N	N	N
LMTS RGRDLESS SETTING/PROC	NA	NA	Y	NA	NA	NA	NA	NA
NO. RGRDLESS SETTING/PROC	N	Y	12	Y	N	N	N	N
LMTS BY SETTING PER PERIOD	NA	NA	Y	Y	NA	NA	NA	NA
INPATIENT HOSPITAL	NA	NA	1	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
NURSING FACILITY	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY ROOM	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
HOME	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
OFFICE	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA

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TABLE 3-4.2.

HCFA STATE PROFILE DATA SYSTEM
PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 14

COVERAGE AND LIMITATIONS	DC -	FL -	GA -	HI -	ID -	IL -	IN -	IA -
	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED
LMTS BY TYPE PROC PER YEAR	N	Y	N	N	Y	N	N	N
PSYCHIATRIC	NA	NA	NA	NA	NA	NA	NA	NA
CONSULTATIONS	NA	1	NA	NA	NA	NA	NA	NA
OTHER	N	Y	N	N	Y	N	N	N
PRIOR AUTHORIZATION	Y	Y	Y	N	N	N	N	Y
VISIT THRESHOLD	N	Y	Y	N	N	N	N	N
EXTENSION OF BENEFITS	N	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
PSYCHIATRIC	N	N	N	N	N	N	N	N
CONSULTATIONS	N	Y	N	N	N	N	N	N
OTHER	Y	N	N	N	N	N	N	Y
SECOND OPINION	N	N	N	N	Y	N	N	N
SPECIFIC PROCEDURES	N	N	N	N	N	N	N	N
ELECTIVE PROCEDURES	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	Y	Y	Y	Y	Y	Y	Y	Y
EXPERIMENTAL PROC/SURG	N	Y	Y	Y	Y	Y	Y	Y
COSMETIC SURG	N	Y	Y	N	Y	Y	N	N
ROUTINE PHYS EXAM	N	N	N	N	Y	Y	N	N
OTHER	Y	N	Y	N	Y	N	N	Y

141

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TABLE 3-4.1.

HCFA STATE PROFILE DATA SYSTEM
PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 14

COVERAGE AND LIMITATIONS	- KS - CAT/MED	- KY - CAT/MED	- LA - CAT/MED	- ME - CAT/MED	- MD - CAT/MED	- MA - CAT/MED	- MI - CAT/MED	- MN - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDNTS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	N	Y	Y	Y	Y
VISITS	N	N	Y	N	N	N	N	N
LMTS RGRDLESS SETTING/PROC	NA	NA	12	NA	NA	NA	NA	NA
NO. RGRDLESS SETTING/PROC	Y	Y	Y	Y	Y	Y	Y	Y
LMTS BY SETTING PER PERIOD	Y	Y	Y	Y	Y	Y	Y	Y
INPATIENT HOSPITAL	1	NA	1	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
NURSING FACILITY	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	1	NA	NA	NA	NA	NA	1	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY ROOM	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
HOME	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
OFFICE	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA

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TABLE 3-4.2.

HCFA STATE PROFILE DATA SYSTEM
PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 14

COVERAGE AND LIMITATIONS	KS - CAT/MED	KY - CAT/MED	LA - CAT/MED	ME - CAT/MED	MD - CAT/MED	MA - CAT/MED	MI - CAT/MED	MN - CAT/MED
LMTS BY TYPE PROC PER YEAR	Y	Y	N	N	N	N	N	N
PSYCHIATRIC	NA	4	NA	NA	NA	NA	NA	NA
CONSULTATIONS	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	Y	Y	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	N	Y	N	N	N	N	N
VISIT THRESHOLD	Y	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	Y	N	Y	Y	N	N	N	N
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	N
PSYCHIATRIC	Y	N	N	N	N	N	N	N
CONSULTATIONS	N	N	N	N	N	N	N	N
OTHER	Y	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	Y	N	N
SPECIFIC PROCEDURES	N	N	N	N	N	Y	N	N
ELECTIVE PROCEDURES	N	N	N	N	N	Y	N	N
OTHER	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	Y	Y	N	N	Y	N	Y	N
EXPERIMENTAL PROC/SURG	Y	N	N	N	Y	N	N	N
COSMETIC SURG	Y	N	N	N	N	N	N	N
ROUTINE PHYS EXAM	N	N	N	N	N	N	Y	N
OTHER	Y	Y	N	N	N	N	Y	N

143

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TABLE 3-4.1.

HCFA STATE PROFILE DATA SYSTEM
PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 7 OF 14

COVERAGE AND LIMITATIONS	- MS - CAT/MED 1	- MO - CAT/MED 1	- MT - CAT/MED	- NE - CAT/MED	- NV - CAT/MED 1	- NH - CAT/MED	- NJ - CAT/MED	- NM - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y
VISITS	Y	Y	Y	Y	Y	Y	Y	Y
LMTS RGRDLESS SETTING/PROC	Y	N	N	N	N	Y	N	N
NO. RGRDLESS SETTING/PROC	36	NA	NA	NA	NA	18	NA	NA
LMTS BY SETTING PER PERIOD	Y	N	N	N	Y	N	N	N
INPATIENT HOSPITAL	1	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
NURSING FACILITY	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	36	NA	NA	NA	NA	NA	NA	NA
EMERGENCY ROOM	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
HOME	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
OFFICE	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA

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HCFA STATE PROFILE DATA SYSTEM
 PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	MS	MO	MT	NE	NV	NH	NJ	NM
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1
LMTS BY TYPE PROC PER YEAR	N	N	Y	N	N	N	N	N
PSYCHIATRIC	NA	NA	NA	NA	NA	NA	NA	NA
CONSULTATIONS	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	Y	N	N	N	N	N
PRIOR AUTHORIZATION	N	Y	Y	Y	Y	N	Y	Y
VISIT THRESHOLD	N	Y	N	N	Y	N	N	N
EXTENSION OF BENEFITS	N	N	Y	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	Y	N	Y	Y	N	Y	N
PSYCHIATRIC	N	N	N	N	N	N	Y	N
CONSULTATIONS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N	Y	Y
SECOND OPINION	N	Y	N	N	N	N	Y	N
SPECIFIC PROCEDURES	N	Y	N	N	N	N	N	N
ELECTIVE PROCEDURES	N	Y	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	Y	Y	Y	Y	Y	N	Y	Y
EXPERIMENTAL PROC/SURG	Y	Y	Y	Y	Y	N	Y	N
COSMETIC SURG	Y	Y	Y	Y	Y	N	Y	Y
ROUTINE PHYS EXAM	Y	Y	N	N	Y	N	N	N
OTHER	Y	N	N	N	N	N	N	Y

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HCFA STATE PROFILE DATA SYSTEM
PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 9 OF 14

COVERAGE AND LIMITATIONS	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y
VISITS	N	Y	N	N	N	N	Y	N
LMTS RGRDLESS SETTING/PROC	NA	24	NA	NA	NA	NA	Y	N
NO. RGRDLESS SETTING/PROC	NA	24	NA	NA	NA	NA	1	NA
LMTS BY SETTING PER PERIOD	N	N	N	N	Y	N	Y	N
INPATIENT HOSPITAL	NA	NA	NA	NA	1	NA	1	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	20	NA	NA	NA
NURSING FACILITY	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	1	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	2	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY ROOM	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	1	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
HOME	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	1	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
OFFICE	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	1	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	1	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	N	N	Y	N	Y	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-4.2.

HCFA STATE PROFILE DATA SYSTEM

PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 10 OF 14

COVERAGE AND LIMITATIONS	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED 1	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
LMTS BY TYPE PROC PER YEAR	N	Y	N	N	Y	N	Y	N
PSYCHIATRIC	NA	NA	NA	NA	NA	NA	NA	NA
CONSULTATIONS	NA	NA	NA	NA	NA	NA	2	NA
OTHER	N	Y	N	N	Y	N	Y	N
PRIOR AUTHORIZATION	Y	Y	N	Y	N	Y	N	N
VISIT THRESHOLD	Y	Y	N	Y	N	N	N	N
EXTENSION OF BENEFITS	N	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	Y	N	N	N	Y	N	N
PSYCHIATRIC	N	Y	N	N	N	Y	N	Y
CONSULTATIONS	N	N	N	N	N	N	N	N
OTHER	N	Y	N	N	N	Y	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
SPECIFIC PROCEDURES	N	N	N	N	N	N	Y	N
ELECTIVE PROCEDURES	N	N	N	N	N	N	Y	N
OTHER	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	Y	Y	N	Y	Y	Y	Y	Y
EXPERIMENTAL PROC/SURG	Y	Y	N	Y	Y	Y	Y	Y
COSMETIC SURG	Y	N	N	Y	Y	N	Y	Y
ROUTINE PHYS EXAM	N	N	N	N	N	N	N	N
OTHER	N	Y	N	Y	N	Y	Y	N

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TABLE 3-4.1.

HCFA STATE PROFILE DATA SYSTEM
PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 11 OF 14

COVERAGE AND LIMITATIONS	- SC -		- SD -		- TN -		- TX -		- UT -		- VT -		- VA -		- WA -	
	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED	1
PROVIDED FOR PREGNANCY RLTD	Y	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
AND POSTPARTUM CARE	Y	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS	Y	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
THAT MAY COMPLICATE PRGNCY	Y	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
VISITS	N	N	N	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N
LMTS RGRDLESS SETTING/PROC	12	NA	NA	20	20	Y	NA	NA	1	NA	NA	NA	NA	NA	NA	NA
NO. RGRDLESS SETTING/PROC	Y	N	N	Y	Y	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y
LMTS BY SETTING PER PERIOD	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	1	21	21	1	1	1
INPATIENT HOSPITAL	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	20	20	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NURSING FACILITY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY ROOM	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
HOME	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OFFICE	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	12	NA	NA	NA	24	Y	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	N	N	Y	Y	N	N	N	N	N	N	Y	N	N	N

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HCFA STATE PROFILE DATA SYSTEM
PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
	CAT/MED 1	CAT/MED 1	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED
LMTS BY TYPE PROC PER YEAR	Y	N	N	N	N	Y	Y	N
PSYCHIATRIC	NA	NA	NA	NA	NA	NA	26	NA
CONSULTATIONS	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	Y	N	N	N	N	Y	N	N
PRIOR AUTHORIZATION	N	N	Y	Y	N	Y	Y	Y
VISIT THRESHOLD	N	N	N	N	N	Y	N	Y
EXTENSION OF BENEFITS	N	N	N	N	N	N	Y	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
PSYCHIATRIC	N	N	N	Y	N	N	N	N
CONSULTATIONS	N	N	N	N	N	N	N	N
OTHER	N	N	Y	N	N	Y	N	Y
SECOND OPINION	N	N	Y	N	N	N	N	N
SPECIFIC PROCEDURES	N	N	Y	Y	N	N	N	N
ELECTIVE PROCEDURES	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	Y	N	Y	Y	Y	Y	Y	Y
EXPERIMENTAL PROC/SURG	N	N	Y	N	Y	Y	Y	N
COSMETIC SURG	Y	Y	Y	Y	Y	Y	Y	N
ROUTINE PHYS EXAM	N	N	Y	Y	N	N	Y	Y
OTHER	N	N	Y	Y	Y	N	Y	N

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HCFA STATE PROFILE DATA SYSTEM
 PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- WV - CAT/MED	- WI - CAT/MED	- WV - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y
LIMITATIONS	Y	N	Y
VISITS			
LMTS RGRDLESS SETTING/PROC	N	N	Y*
NO. RGRDLESS SETTING/PROC	NA	NA	12*
LMTS BY SETTING PER PERIOD	N	N	N
INPATIENT HOSPITAL			
DAY	NA	NA	NA
WEEK	NA	NA	NA
MONTH	NA	NA	NA
QUARTER	NA	NA	NA
YEAR	NA	NA	NA
NURSING FACILITY			
DAY	NA	NA	NA
WEEK	NA	NA	NA
MONTH	NA	NA	NA
QUARTER	NA	NA	NA
YEAR	NA	NA	NA
EMERGENCY ROOM			
DAY	NA	NA	NA
WEEK	NA	NA	NA
MONTH	NA	NA	NA
QUARTER	NA	NA	NA
YEAR	NA	NA	NA
HOME			
DAY	NA	NA	NA
WEEK	NA	NA	NA
MONTH	NA	NA	NA
QUARTER	NA	NA	NA
YEAR	NA	NA	NA
OFFICE			
DAY	NA	NA	NA
WEEK	NA	NA	NA
MONTH	NA	NA	NA
QUARTER	NA	NA	NA
YEAR	NA	NA	NA
OTHER			
DAY	NA	NA	NA
WEEK	NA	NA	NA
MONTH	NA	NA	NA
QUARTER	NA	NA	NA
YEAR	NA	NA	NA
OTHER	N	N	N

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HCFA STATE PROFILE DATA SYSTEM
 PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS

	- WV - CAT/MED	- WI - CAT/MED	- WY - CAT/MED 1
LMTS BY TYPE PROC PER YEAR	N	N	N
PSYCHIATRIC	NA	NA	NA
CONSULTATIONS	NA	NA	NA
OTHER	N	N	N
PRIOR AUTHORIZATION	Y	N	N
VISIT THRESHOLD	N	N	N
EXTENSION OF BENEFITS	N	N	N
OUT-OF-STATE PROVIDER	N	N	N
PSYCHIATRIC	N	N	N
CONSULTATIONS	N	N	N
OTHER	Y	N	N
SECOND OPINION	N	N	N
SPECIFIC PROCEDURES	N	N	N
ELECTIVE PROCEDURES	N	N	N
OTHER	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	Y	N	N
EXPERIMENTAL PROC/SURG	Y	N	Y
COSMETIC SURG	Y	N	Y
ROUTINE PHYS EXAM	N	N	N
OTHER	N	N	Y

151

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-5.1.

HCFA STATE PROFILE DATA SYSTEM
 TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 14

COVERAGE AND LIMITATIONS	- AL - CAT/MED 1	- AK - CAT/MED 1	- AZ - CAT/MED 1	- AR - CAT/MED	- CA - CAT/MED	- CO - CAT/MED 1	- CT - CAT/MED	- DE - CAT/MED 1
TCM - UNDER 21								
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY	Y	N	N	N	N	N	N	N
SERVICE PROVIDED	Y	N	N	N	N	N	N	N
STATEWIDENESS WAIVED	Y	N	N	N	N	N	N	N
COMPARABILITY WAIVED	Y	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
OTHER LIMITATIONS	N	N	N	N	N	N	N	N
TCM - CHRONICALLY MENTALLY ILL								
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	N	N	N	Y	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY	Y	N	N	N	N	N	Y	N
SERVICE PROVIDED	Y	N	N	N	Y	N	Y	N
STATEWIDENESS WAIVED	Y	N	N	N	Y	N	N	N
COMPARABILITY WAIVED	Y	N	N	N	Y	N	N	N
LIMITATIONS	Y	N	N	N	Y	N	N	N
DAYS/UNITS PER PERIOD	Y	N	N	N	Y	N	N	N
RESTRICTION OF PROVIDERS	Y	N	N	N	Y	N	N	N
OTHER LIMITATIONS	N	N	N	N	N	N	Y	N
TCM - PREGNANT WOMEN								
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	Y	N	N	N	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY	Y	N	N	Y	N	N	N	N
SERVICE PROVIDED	Y	N	N	Y	N	N	N	N
STATEWIDENESS WAIVED	Y	N	N	N	N	N	N	N
COMPARABILITY WAIVED	N	N	N	Y	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
OTHER LIMITATIONS	N	N	N	N	N	N	N	N
TCM - AIDS								
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY	Y	N	N	N	N	N	N	N
SERVICE PROVIDED	Y	N	N	N	N	N	N	N
STATEWIDENESS WAIVED	N	N	N	N	N	N	N	N
COMPARABILITY WAIVED	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
OTHER LIMITATIONS	N	N	N	N	N	N	N	N

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TABLE 3-5.2.

HCFA STATE PROFILE DATA SYSTEM
 TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 14

COVERAGE AND LIMITATIONS	AL - CAT/MED 1	AK - CAT/MED 1	AZ - CAT/MED 1	AR - CAT/MED 1	CA - CAT/MED 1	CO - CAT/MED 1	CT - CAT/MED 1	DE - CAT/MED 1
TCM - HIV POSITIVE PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	N	N	N	N	N
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	Y	N	N	N	N	N	N	N
SERVICE PROVIDED	Y	N	N	N	N	N	N	N
STATEWIDENESS WAIVED	N	N	N	N	N	N	N	N
COMPARABILITY WAIVED	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
OTHER LIMITATIONS	N	N	N	N	N	N	N	N
TCM - DEVELOPMENTALLY DISABLED PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	Y	Y	Y	N	N
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	N	N	N	Y	Y	Y	N	N
SERVICE PROVIDED	N	N	N	Y	Y	Y	N	N
STATEWIDENESS WAIVED	N	N	N	Y	Y	Y	N	N
COMPARABILITY WAIVED	N	N	N	Y	Y	Y	N	N
LIMITATIONS	N	N	N	Y	Y	Y	N	N
DAYS/UNITS PER PERIOD	N	N	N	Y	Y	Y	N	N
RESTRICTION OF PROVIDERS	N	N	N	Y	Y	Y	N	N
OTHER LIMITATIONS	N	N	N	Y	Y	Y	N	N

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TABLE 3-5.1.

HCFA STATE PROFILE DATA SYSTEM
 TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 14

COVERAGE AND LIMITATIONS	- DC - CAT/MED	- FL - CAT/MED	- GA - CAT/MED	- HI - CAT/MED	- ID - CAT/MED 1	- IL - CAT/MED	- IN - CAT/MED 1	- IA - CAT/MED
TCM - UNDER 21								
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	Y	Y	N	N	Y	N	N
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	N	Y	Y	N	N	N	N	N
SERVICE PROVIDED	N	Y	Y	N	N	N	N	N
STATEWIDENESS WAIVED	N	N	N	N	N	N	N	N
COMPARABILITY WAIVED	N	Y	Y	N	N	N	N	N
LIMITATIONS	N	Y	Y	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
OTHER LIMITATIONS	N	N	N	N	N	N	N	N
TCM - CHRONICALLY MENTALLY ILL PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	Y	Y	Y	N	N
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	Y	Y	Y	N	N
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	N	N
STATEWIDENESS WAIVED	Y	N	Y	N	N	Y	N	N
COMPARABILITY WAIVED	Y	Y	Y	Y	Y	Y	N	N
LIMITATIONS	Y	Y	Y	Y	Y	N	N	N
DAYS/UNITS PER PERIOD	Y	N	N	N	N	N	N	N
RESTRICTION OF PROVIDERS	Y	Y	N	Y	N	N	N	N
OTHER LIMITATIONS	N	N	Y	N	N	N	N	N
TCM - PREGNANT WOMEN PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	N	Y	N	Y	Y
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	N	N	Y	N	Y	N	Y	Y
SERVICE PROVIDED	N	N	Y	N	Y	N	Y	Y
STATEWIDENESS WAIVED	N	N	Y	N	Y	N	Y	Y
COMPARABILITY WAIVED	N	N	Y	N	N	N	Y	N
LIMITATIONS	N	N	Y	N	N	N	Y	N
DAYS/UNITS PER PERIOD	N	N	N	N	Y	N	N	N
OTHER LIMITATIONS	N	N	N	N	Y	N	N	N
TCM - AIDS PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	N	N	N	N
STATEWIDENESS WAIVED	N	N	N	N	N	N	N	N
COMPARABILITY WAIVED	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
OTHER LIMITATIONS	N	N	N	N	N	N	N	N

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HCFA STATE PROFILE DATA SYSTEM
 TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	DC - CAT/MED	FL - CAT/MED	GA - CAT/MED	HI - CAT/MED	ID - CAT/MED 1	IL - CAT/MED	IN - CAT/MED 1	IA - CAT/MED
TCM - HIV POSITIVE								
PROVIDED FOR PREGNANCY RLTD	N	N	N	N	N	N	Y	N
AND POSTPARTUM CARE								
PROVIDED FOR OTHER CONDTNS	N	N	N	N	N	N	Y	N
THAT MAY COMPLICATE PRGNCY								
SERVICE PROVIDED	N	N	N	N	N	N	Y	N
STATEWIDENESS WAIVED	N	N	N	N	N	N	Y	N
COMPARABILITY WAIVED	N	N	N	N	N	N	Y	N
LIMITATIONS	N	N	N	N	N	N	Y	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	Y	N
OTHER LIMITATIONS	N	N	N	N	N	N	Y	N
TCM - DEVELOPMENTALLY DISABLED								
PROVIDED FOR PREGNANCY RLTD	N	N	N	Y	Y	N	N	N
AND POSTPARTUM CARE								
PROVIDED FOR OTHER CONDTNS	N	N	N	Y	Y	N	N	N
THAT MAY COMPLICATE PRGNCY								
SERVICE PROVIDED	N	N	Y	Y	Y	Y	N	N
STATEWIDENESS WAIVED	N	N	Y	Y	Y	N	N	N
COMPARABILITY WAIVED	N	N	Y	Y	Y	Y	N	N
LIMITATIONS	N	N	Y	Y	N	Y	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
RESTRICTION OF PROVIDERS	N	N	Y	Y	N	N	N	N
OTHER LIMITATIONS	N	N	N	N	N	Y	N	N

***** DATA BASED ON PENDING STATE PLAN AMENDMENT *****

* = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-5.1.

HCFA STATE PROFILE DATA SYSTEM
 TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 14

COVERAGE AND LIMITATIONS

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED
TCM - UNDER 21								
PROVIDED FOR PREGNANCY RLTD	Y	Y	N	N	N	N	N	N
AND POSTPARTUM CARE	Y	Y	N	N	N	N	N	N
PROVIDED FOR OTHER COND'TNS	Y	Y	N	N	N	N	N	N
THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	N	N	N	N
SERVICE PROVIDED	Y	Y	N	N	N	N	N	N
STATEWIDENESS WAIVED	Y	N	N	N	N	N	N	N
COMPARABILITY WAIVED	Y	Y	N	N	N	N	N	N
LIMITATIONS	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
OTHER LIMITATIONS	Y	N	N	N	N	N	N	N
TCM - CHRONICALLY MENTALLY ILL								
PROVIDED FOR PREGNANCY RLTD	Y	Y*	Y	Y	Y	Y	N	N
AND POSTPARTUM CARE	Y	Y*	Y	Y	Y	Y	N	N
PROVIDED FOR OTHER COND'TNS	Y	Y*	Y	Y	Y	Y	N	N
THAT MAY COMPLICATE PRGNCY	Y	Y*	Y	Y	Y	Y	N	N
SERVICE PROVIDED	Y	Y*	Y	Y	Y	Y	N	N
STATEWIDENESS WAIVED	N	N*	Y	N	Y	N	N	N
COMPARABILITY WAIVED	N	Y*	N	Y	Y	Y	N	N
LIMITATIONS	N	N*	N	Y	Y	N	N	N
DAYS/UNITS PER PERIOD	N	N*	Y	N	N	N	N	N
RESTRICTION OF PROVIDERS	N	N*	Y	N	Y	N	N	N
OTHER LIMITATIONS	N	N*	N	N	N	N	N	N
TCM - PREGNANT WOMEN								
PROVIDED FOR PREGNANCY RLTD	N	Y	Y	Y	Y	N	N	N
AND POSTPARTUM CARE	N	Y	Y	Y	Y	N	N	N
PROVIDED FOR OTHER COND'TNS	N	Y	Y	Y	Y	N	N	N
THAT MAY COMPLICATE PRGNCY	N	Y	Y	Y	Y	N	N	N
SERVICE PROVIDED	N	Y	Y	Y	Y	N	N	N
STATEWIDENESS WAIVED	N	N	N	N	Y	N	N	N
COMPARABILITY WAIVED	N	Y	N	N	Y	N	N	N
LIMITATIONS	N	Y	N	N	Y	N	N	N
DAYS/UNITS PER PERIOD	N	N	Y	N	Y	N	N	N
OTHER LIMITATIONS	N	N	N	Y	N	N	N	N
TCM - AIDS								
PROVIDED FOR PREGNANCY RLTD	N	N	N	Y	Y	Y	N	N
AND POSTPARTUM CARE	N	N	N	Y	Y	Y	N	N
PROVIDED FOR OTHER COND'TNS	N	N	N	Y	Y	Y	N	N
THAT MAY COMPLICATE PRGNCY	N	N	N	Y	Y	Y	N	N
SERVICE PROVIDED	N	N	N	Y	Y	Y	N	N
STATEWIDENESS WAIVED	N	N	N	N	Y	N	N	N
COMPARABILITY WAIVED	N	Y	N	N	Y	N	N	N
LIMITATIONS	N	Y	N	N	Y	N	N	N
DAYS/UNITS PER PERIOD	N	N	Y	N	Y	N	N	N
OTHER LIMITATIONS	N	N	N	Y	N	N	N	N

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TABLE 3-5.2.

HCFA STATE PROFILE DATA SYSTEM
 TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 14

COVERAGE AND LIMITATIONS	- KS - CAT/MED	- KY - CAT/MED	- LA - CAT/MED	- ME - CAT/MED	- MD - CAT/MED	- MA - CAT/MED	- MI - CAT/MED	- MN - CAT/MED
TCM - HIV POSITIVE PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	Y	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	Y	N	Y	Y	N	N
SERVICE PROVIDED	N	N	Y	N	Y	Y	N	N
STATEWIDENESS WAIVED	N	N	N	N	N	N	N	N
COMPARABILITY WAIVED	N	N	N	N	Y	Y	N	N
LIMITATIONS	N	N	N	N	Y	N	N	N
DAYS/UNITS PER PERIOD	N	N	Y	N	Y	N	N	N
OTHER LIMITATIONS	N	N	N	N	N	N	N	N
TCM - DEVELOPMENTALLY DISABLED PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	Y	Y	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	Y	Y	Y	N	N	N
SERVICE PROVIDED	N	N	Y	Y	Y	N	N	N
STATEWIDENESS WAIVED	N	N	Y	N	N	N	N	N
COMPARABILITY WAIVED	N	N	N	Y	Y	N	Y	N
LIMITATIONS	N	N	N	Y	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	Y	N	N	N	N	N
RESTRICTION OF PROVIDERS	N	N	Y	N	N	N	Y	N
OTHER LIMITATIONS	N	N	N	Y	N	N	N	N

157

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-5.1.

HCFA STATE PROFILE DATA SYSTEM
 TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 7 OF 14

COVERAGE AND LIMITATIONS	- MS - CAT/MED 1	- MO - CAT/MED 1	- MT - CAT/MED	- NE - CAT/MED	- NV - CAT/MED 1	- NH - CAT/MED	- NJ - CAT/MED	- NM - CAT/MED 1
TCM - UNDER 21								
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	Y	N	N	N	Y	Y	N
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	N	Y	N	N	N	Y	N	N
SERVICE PROVIDED	N	Y	N	N	N	Y	N	N
STATEWIDENESS WAIVED	N	Y	N	N	N	N	N	N
COMPARABILITY WAIVED	N	Y	N	N	N	Y	N	N
LIMITATIONS	N	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
OTHER LIMITATIONS	N	Y	N	N	N	N	N	N
TCM - CHRONICALLY MENTALLY ILL								
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	N	Y	Y	Y	N
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	N	N	Y	N	Y	Y	Y	N
SERVICE PROVIDED	N	N	Y	N	Y	Y	Y	Y
STATEWIDENESS WAIVED	N	N	Y	N	Y	Y	N	N
COMPARABILITY WAIVED	N	N	Y	N	Y	Y	N	N
LIMITATIONS	N	N	Y	N	Y	Y	Y	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
RESTRICTION OF PROVIDERS	N	N	Y	N	Y	Y	Y	N
OTHER LIMITATIONS	N	N	Y	N	Y	N	Y	N
TCM - PREGNANT WOMEN								
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	N	N	N	N	N
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	N	N	N	N	N
SERVICE PROVIDED	Y	Y	Y	N	N	N	N	N
STATEWIDENESS WAIVED	N	Y	N	N	N	N	N	N
COMPARABILITY WAIVED	Y	N	Y	N	N	N	N	N
LIMITATIONS	Y	Y	Y	N	N	N	N	N
DAYS/UNITS PER PERIOD	Y	N	Y	N	N	N	N	N
OTHER LIMITATIONS	N	Y	Y	N	N	N	N	N
TCM - AIDS								
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	N	N	N	N
STATEWIDENESS WAIVED	N	N	N	N	N	N	N	N
COMPARABILITY WAIVED	Y	N	Y	N	N	N	N	N
LIMITATIONS	Y	Y	Y	N	N	N	N	N
DAYS/UNITS PER PERIOD	Y	N	Y	N	N	N	N	N
OTHER LIMITATIONS	N	Y	Y	N	N	N	N	N

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HCFA STATE PROFILE DATA SYSTEM
 TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	MS - CAT/MED 1	MO - CAT/MED 1	MT - CAT/MED 1	NE - CAT/MED 1	NH - CAT/MED 1	NJ - CAT/MED 1	NM - CAT/MED 1
TCM - HIV POSITIVE PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	N	N	N
STATEWIDENESS WAIVED	N	N	N	N	N	N	N
COMPARABILITY WAIVED	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N
OTHER LIMITATIONS	N	N	N	N	N	N	N
TCM - DEVELOPMENTALLY DISABLED PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	Y	Y	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	Y	Y	Y	Y	N	N
SERVICE PROVIDED	N	Y	Y	Y	Y	N	Y
STATEWIDENESS WAIVED	N	Y	Y	N	N	N	Y
COMPARABILITY WAIVED	N	Y	Y	N	Y	N	Y
LIMITATIONS	N	Y	Y	Y	Y	N	Y
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N
RESTRICTION OF PROVIDERS	N	Y	N	Y	Y	N	N
OTHER LIMITATIONS	N	N	Y	N	N	N	N

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TABLE 3-5.1.

HCFA STATE PROFILE DATA SYSTEM
 TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 9 OF 14

COVERAGE AND LIMITATIONS	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
TCM - UNDER 21								
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDNTNS THAT MAY COMPLICATE PRGNCY	Y	N	N	N	N	N	N	N
SERVICE PROVIDED	Y	Y	N	N	N	N	Y	N
STATEWIDENESS WAIVED	Y	N	N	N	N	N	N	N
COMPARABILITY WAIVED	Y	N	N	N	N	N	N	N
LIMITATIONS	Y	Y	N	N	N	N	Y	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
OTHER LIMITATIONS	Y	Y	N	N	N	N	Y	N
TCM - CHRONICALLY MENTALLY ILL PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	N	N	Y	Y
PROVIDED FOR OTHER CONDNTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	N	N	Y	N
SERVICE PROVIDED	Y	Y	Y	Y	N	N	Y	Y
STATEWIDENESS WAIVED	N	N	N	N	N	N	N	N
COMPARABILITY WAIVED	Y	Y	Y	Y	N	N	N	N
LIMITATIONS	Y	Y	Y	Y	Y	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
RESTRICTION OF PROVIDERS	N	N	N	N	N	N	N	N
OTHER LIMITATIONS	N	N	Y	N	N	N	Y	N
TCM - PREGNANT WOMEN PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	Y	N	Y	N	N
PROVIDED FOR OTHER CONDNTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	Y	N	Y	N	N
SERVICE PROVIDED	Y	Y	N	Y	N	Y	N	N
STATEWIDENESS WAIVED	Y	N	N	N	N	N	N	N
COMPARABILITY WAIVED	N	Y	N	Y	N	N	N	N
LIMITATIONS	N	Y	N	Y	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
OTHER LIMITATIONS	N	N	N	N	N	N	N	N
TCM - AIDS PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	N	N	N	Y	Y
PROVIDED FOR OTHER CONDNTNS THAT MAY COMPLICATE PRGNCY	Y	N	N	N	N	N	Y	Y
SERVICE PROVIDED	Y	N	N	N	N	N	Y	Y
STATEWIDENESS WAIVED	N	N	N	N	N	N	N	N
COMPARABILITY WAIVED	Y	Y	N	N	N	N	N	N
LIMITATIONS	N	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
OTHER LIMITATIONS	N	N	N	N	N	N	N	N

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TABLE 3-5.2.

HCFA STATE PROFILE DATA SYSTEM
 TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 10 OF

COVERAGE AND LIMITATIONS	- NV - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
TCM - HIV POSITIVE PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	N	N	N	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	N	N	N	N	Y	N
SERVICE PROVIDED	Y	N	N	N	N	N	Y	Y
STATEWIDENESS WAIVED	N	N	N	N	N	N	Y	N
COMPARABILITY WAIVED	Y	N	N	N	N	N	N	Y
LIMITATIONS	Y	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
OTHER LIMITATIONS	N	Y	N	N	N	N	N	N
TCM - DEVELOPMENTALLY DISABLED PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	Y	N*	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	N	Y	N*	N	N	N
SERVICE PROVIDED	Y	Y	N	Y	Y*	Y	N	Y
STATEWIDENESS WAIVED	N	N	N	N	N*	N	N	N
COMPARABILITY WAIVED	N	Y	N	Y	N	Y	N	Y
LIMITATIONS	N	Y	N	Y	Y*	Y	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	Y*	Y	N	N
RESTRICTION OF PROVIDERS	N	Y	N	Y	N*	Y	N	Y
OTHER LIMITATIONS	N	N	N	N	Y*	N	N	N

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TABLE 3-5. 1.

HCFA STATE PROFILE DATA SYSTEM
 TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 11 OF 14

COVERAGE AND LIMITATIONS	- SC - CAT/MED 1	- SD - CAT/MED 1	- TN - CAT/MED	- TX - CAT/MED	- UT - CAT/MED	- VT - CAT/MED	- VA - CAT/MED	- WA - CAT/MED
TCM - UNDER 21								
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	N	N	Y	N	Y
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	Y	N	N	N	N	Y	N	Y
SERVICE PROVIDED	Y	N	Y	N	N	Y	N	Y
STATEWIDENESS WAIVED	N	N	N	N	N	N	N	N
COMPARABILITY WAIVED	N	N	Y	N	N	Y	N	N
LIMITATIONS	Y	N	Y	N	N	Y	N	Y
DAYS/UNITS PER PERIOD	N	N	Y	N	N	N	N	N
OTHER LIMITATIONS	Y	N	Y	N	N	Y	N	Y
TCM - CHRONICALLY MENTALLY ILL PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	Y	Y	Y	Y	N
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	Y	Y	Y	Y	N
SERVICE PROVIDED	Y	N	Y	Y	Y	Y	Y	N
STATEWIDENESS WAIVED	N	N	N	N	N	N	N	N
COMPARABILITY WAIVED	N	Y	Y	N	Y	Y	N	N
LIMITATIONS	Y	N	Y	N	Y	N	N	N
DAYS/UNITS PER PERIOD	N	N	Y	N	N	N	N	N
RESTRICTION OF PROVIDERS	Y	N	Y	Y	N	N	Y	N
OTHER LIMITATIONS	N	N	N	N	Y	N	N	N
TCM - PREGNANT WOMEN PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	Y	Y	N	Y	Y
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	Y	Y	N	Y	Y
SERVICE PROVIDED	Y	N	Y	Y	Y	N	Y	Y
STATEWIDENESS WAIVED	Y	N	N	N	N	N	N	N
COMPARABILITY WAIVED	N	N	Y	N	Y	N	N	N
LIMITATIONS	Y	N	Y	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	Y	N	N	N	N	N
OTHER LIMITATIONS	N	N	Y	N	N	N	N	N
TCM - AIDS PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	Y	N	N	Y
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	Y	N	N	Y
SERVICE PROVIDED	N	N	N	N	Y	N	N	Y
STATEWIDENESS WAIVED	Y	N	N	N	N	N	N	N
COMPARABILITY WAIVED	N	N	Y	N	Y	N	N	N
LIMITATIONS	Y	N	Y	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	Y	N	N	N	N	N
OTHER LIMITATIONS	N	N	Y	N	N	N	N	N
TCM - AIDS PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	Y	N	N	Y
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	Y	N	N	Y
SERVICE PROVIDED	N	N	N	N	Y	N	N	Y
STATEWIDENESS WAIVED	N	N	N	N	N	N	N	N
COMPARABILITY WAIVED	N	N	N	N	Y	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
OTHER LIMITATIONS	N	N	N	N	N	N	N	N

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COVERAGE AND LIMITATIONS

	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
	CAT/MED 1	CAT/MED 1	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED
TCM - HIV POSITIVE	N	N	N	N	Y	N	N	Y
PROVIDED FOR PREGNANCY RLTD	N	N	N	N	Y	N	N	Y
AND POSTPARTUM CARE	N	N	N	N	Y	N	N	Y
PROVIDED FOR OTHER CONDTNS	N	N	N	N	Y	N	N	Y
THAT MAY COMPLICATE PRGNCY	N	N	N	N	Y	N	N	Y
SERVICE PROVIDED	N	N	N	N	N	N	N	N
STATEWIDENESS WAIVED	N	N	N	N	N	N	N	N
COMPARABILITY WAIVED	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
OTHER LIMITATIONS	N	N	N	N	N	N	N	N
TCM - DEVELOPMENTALLY DISABLED	N	N	N	Y	N	N	N	N
PROVIDED FOR PREGNANCY RLTD	N	N	N	Y	N	N	N	N
AND POSTPARTUM CARE	N	N	N	Y	N	N	N	N
PROVIDED FOR OTHER CONDTNS	N	N	N	Y	N	N	N	N
THAT MAY COMPLICATE PRGNCY	N	N	N	Y	N	N	N	N
SERVICE PROVIDED	N	N	N	Y	N	N	N	N
STATEWIDENESS WAIVED	N	N	N	N	N	N	N	N
COMPARABILITY WAIVED	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
RESTRICTION OF PROVIDERS	N	N	N	Y	N	N	N	N
OTHER LIMITATIONS	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

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TABLE 3-5.1.

HCFA STATE PROFILE DATA SYSTEM
TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 13 OF 14

COVERAGE AND LIMITATIONS	- WV - CAT/MED	- WI - CAT/MED	- WY - CAT/MED 1
TCM - UNDER 21 PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED STATEWIDENESS WAIVED COMPARABILITY WAIVED LIMITATIONS DAYS/UNITS PER PERIOD OTHER LIMITATIONS	Y Y Y N Y N N N	N N N Y Y N Y N	N N N N N N N N
TCM - CHRONICALLY MENTALLY ILL PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED STATEWIDENESS WAIVED COMPARABILITY WAIVED LIMITATIONS DAYS/UNITS PER PERIOD RESTRICTION OF PROVIDERS OTHER LIMITATIONS	Y Y Y N N N N N	N N N N Y Y Y N	N N N N N N N N
TCM - PREGNANT WOMEN PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED STATEWIDENESS WAIVED COMPARABILITY WAIVED LIMITATIONS DAYS/UNITS PER PERIOD OTHER LIMITATIONS	Y N Y N N N N N	Y Y Y Y N Y N Y	N N N N N N N N
TCM - AIDS PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED STATEWIDENESS WAIVED COMPARABILITY WAIVED LIMITATIONS DAYS/UNITS PER PERIOD OTHER LIMITATIONS	N N N N N N N N	N N N N N N N Y	N N N N N N N N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-5.2.

HCFA STATE PROFILE DATA SYSTEM
 TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 14 OF 14

COVERAGE AND LIMITATIONS

- WV - - WI - - WY -
 CAT/MED CAT/MED CAT/MED 1

TCM - HIV POSITIVE
 PROVIDED FOR PREGNANCY RLTD
 AND POSTPARTUM CARE
 PROVIDED FOR OTHER CONDITNS
 THAT MAY COMPLICATE PRGNCY
 SERVICE PROVIDED
 STATEWIDENESS WAIVED
 COMPARABILITY WAIVED
 LIMITATIONS
 DAYS/UNITS PER PERIOD
 OTHER LIMITATIONS

N N Y Y N N
 N N Y Y N N
 N N Y Y N N
 N N Y Y N N
 N N Y Y N N
 N N Y Y N N
 N N Y Y N N

TCM - DEVELOPMENTALLY DISABLED
 PROVIDED FOR PREGNANCY RLTD
 AND POSTPARTUM CARE
 PROVIDED FOR OTHER CONDITNS
 THAT MAY COMPLICATE PRGNCY
 SERVICE PROVIDED
 STATEWIDENESS WAIVED
 COMPARABILITY WAIVED
 LIMITATIONS
 DAYS/UNITS PER PERIOD
 RESTRICTION OF PROVIDERS
 OTHER LIMITATIONS

Y Y Y Y N N
 Y Y N N N N
 Y Y N N N N
 N N Y Y N N
 N N Y Y N N
 N N Y Y N N
 N N Y Y N N

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TABLE 3-6.

HCFA STATE PROFILE DATA SYSTEM
 PRESCRIBED DRUGS: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	AL	AK	AZ	AR	CA	CO	CT	DE
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	N	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	N	Y	Y	Y	Y	Y	Y
EXCLUDE ANY/ALL OTC DRUGS	Y	N	Y	N	N	Y	N	N
LIMITS ON OTC DRUGS	N	Y	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	N	Y	Y	Y	Y	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
OTC DRUGS	Y	N	N	N	N	N	N	N
LEGEND DRUGS	Y	N	Y	N	Y	Y	N	N
DOLLAR THRESHOLD/RX	N	N	Y	N	Y	N	N	N
QUANTITY THRESHOLD/RX	N	N	N	Y	Y	N	N	N
REFILL THRESHOLD	N	N	N	N	N	N	N	N
LIMITS ON QUANTITY/FREQUENCY	N	N	N	Y	Y	N	Y	N
REFILLS PER DY	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA	NA
DAYS SUPPLY ON HAND	NA	NA	NA	NA	NA	NA	NA	NA
MAX UNITS DISPENSED PER DY	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER UNITS ON HAND	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER RX'S/MONTH	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	N	6	N	N	N	N

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TABLE 3-6.

HCFA STATE PROFILE DATA SYSTEM
 PRESCRIBED DRUGS: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	DC - CAT/MED	FL - CAT/MED	GA - CAT/MED	HI - CAT/MED	ID - CAT/MED	IL - CAT/MED	IN - CAT/MED	1 CAT/MED	IA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y*	Y	Y	Y	Y	Y	N	Y
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y*	Y	Y	Y	Y	Y	N	Y
LIMITATIONS	Y	Y*	Y	Y	Y	Y	N	N	Y
EXCLUDE ANY/ALL OTC DRUGS	Y	Y*	Y	N	Y	Y	N	N	Y
LIMITS ON OTC DRUGS	Y	Y*	Y	N	Y	Y	N	N	N
PRIOR AUTHORIZATION	Y	Y*	Y	Y	Y	Y	N	N	Y
OUT-OF-STATE PROVIDER	N	N*	N	N	Y	Y	N	N	Y
OTC DRUGS	Y	N*	N	N	N	Y	N	N	N
LEGEND DRUGS	N	N*	Y	N	Y	N	N	N	N
DOLLAR THRESHOLD/RX	N	N*	N	N	N	N	N	N	N
QUANTITY THRESHOLD/RX	N	N*	Y	N	N	N	N	N	N
REFILL THRESHOLD	N	Y*	Y	N	N	N	N	N	N
LIMITS ON QUANTITY/FREQUENCY	N	Y	Y	N	Y	Y	N	N	N
REFILLS PER DY	NA	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	6	NA	NA	NA	1	NA	NA	NA
YR	NA	NA	NA	NA	NA	11	NA	NA	NA
DAYS SUPPLY ON HAND	NA	NA	NA	NA	NA	31	NA	NA	NA
MAX UNITS DISPENSED PER DY	NA	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	6	NA	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER UNITS ON HAND	NA	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER RX'S/MONTH	NA	6*	5	NA	NA	NA	NA	NA	NA
OTHER	N	Y	N	N	Y	Y	N	N	N

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TABLE 3-6.

HCFA STATE PROFILE DATA SYSTEM
 PRESCRIBED DRUGS: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

COVERAGE AND LIMITATIONS	- KS - CAT/MED	- KY - CAT/MED	- LA - CAT/MED	- ME - CAT/MED	- MD - CAT/MED	- MA - CAT/MED	- MI - CAT/MED	- MN - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	N	Y	Y	Y	Y	Y
EXCLUDE ANY/ALL OTC DRUGS	Y	Y	N	Y	Y	Y	Y	Y
LIMITS ON OTC DRUGS	N	Y	N	Y	N	Y	Y	Y
PRIOR AUTHORIZATION	Y	Y	N	Y	Y	Y	Y	Y
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	Y
OTC DRUGS	N	Y	N	Y	N	Y	Y	Y
LEGEND DRUGS	N	Y	N	N	N	Y	Y	N
DOLLAR THRESHOLD/RX	N	N	N	N	N	N	N	N
QUANTITY THRESHOLD/RX	N	N	N	N	N	N	N	N
REFILL THRESHOLD	N	Y	N	N	Y	N	N	N
LIMITS ON QUANTITY/FREQUENCY	N	Y	N	N	Y	N	N	Y
REFILLS PER DY	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	NA	NA	NA	NA	NA	3
YR	NA	NA	NA	NA	NA	NA	NA	NA
DAYS SUPPLY ON HAND	NA	NA	NA	NA	NA	NA	NA	NA
MAX UNITS DISPENSED PER DY	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER UNITS ON HAND	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER RX'S/MONTH	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	N	Y	N	N	Y	N	N	N

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TABLE 3-6.

HCFA STATE PROFILE DATA SYSTEM
 PRESCRIBED DRUGS: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- MS -	- MO -	- NE -	- MT -	- NH -	- NJ -	- NM -
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1
PROVIDED FOR PREGNANCY RLTD	Y	N	Y	Y	Y	Y	Y
AND POSTPARTUM CARE	Y	N	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS	Y	N	Y	Y	Y	Y	Y
THAT MAY COMPLICATE PRGNCY	Y	N	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	N	Y	Y	Y	Y	Y
LIMITATIONS	Y	N	Y	Y	Y	Y	Y
EXCLUDE ANY/ALL OTC DRUGS	Y	N	Y	Y	Y	Y	Y
LIMITS ON OTC DRUGS	Y	N	Y	Y	Y	Y	Y
PRIOR AUTHORIZATION	Y	N	Y	Y	Y	Y	Y
OUT-OF-STATE PROVIDER	N	N	Y	Y	Y	Y	Y
OTC DRUGS	N	N	Y	Y	Y	Y	Y
LEGEND DRUGS	N	N	Y	Y	Y	Y	Y
DOLLAR THRESHOLD/RX	N	N	Y	Y	Y	Y	Y
QUANTITY THRESHOLD/RX	N	N	Y	Y	Y	Y	Y
REFILL THRESHOLD	N	N	Y	Y	Y	Y	Y
LIMITS ON QUANTITY/FREQUENCY	Y	N	N	N	N	N	N
REFILLS PER DY	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA
DAYS SUPPLY ON HAND	NA	NA	NA	NA	NA	NA	NA
MAX UNITS DISPENSED PER DY	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA
NUMBER UNITS ON HAND	NA	NA	NA	NA	NA	NA	NA
NUMBER RX'S/MONTH	5	NA	NA	NA	NA	NA	NA
OTHER	N	N	N	N	N	N	N

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TABLE 3-6.

HCFA STATE PROFILE DATA SYSTEM
 PRESCRIBED DRUGS: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 7

COVERAGE AND LIMITATIONS	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDNTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y
EXCLUDE ANY/ALL OTC DRUGS	N	Y	Y	Y	Y	Y	N	N
LIMITS ON OTC DRUGS	Y	Y	N	Y	Y	Y	N	Y
PRIOR AUTHORIZATION	Y	N	N	Y	N	Y	N	Y
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
OTC DRUGS	N	N	N	Y	N	N	N	N
LEGEND DRUGS	N	N	N	Y	N	Y	N	Y
DOLLAR THRESHOLD/RX	N	N	N	N	N	N	N	Y
QUANTITY THRESHOLD/RX	N	N	N	N	N	N	N	Y
REFILL THRESHOLD	N	N	N	N	N	N	N	N
LIMITS ON QUANTITY/FREQUENCY	Y	Y	Y	Y	Y	N	N	N
REFILLS PER DY	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA	NA
DAYS SUPPLY ON HAND	NA	NA	NA	NA	NA	NA	NA	NA
MAX UNITS DISPENSED PER DY	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER UNITS ON HAND	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER RX'S/MONTH	NA	NA	NA	NA	100	NA	NA	NA
OTHER	Y	N	Y	Y	N	N	N	N

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TABLE 3-6.

HCFA STATE PROFILE DATA SYSTEM
 PRESCRIBED DRUGS: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- SC - CAT/MED 1	- SD - CAT/MED 1	- TN - CAT/MED	- TX - CAT/MED	- UT - CAT/MED	- VT - CAT/MED	- VA - CAT/MED	- WA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y
EXCLUDE ANY/ALL OTC DRUGS	Y	Y	Y	Y	Y	Y	Y	Y
LIMITS ON OTC DRUGS	Y	N	N	Y	N	Y	N	N
PRIOR AUTHORIZATION	Y	Y	Y	N	N	Y	Y	Y
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	N
OTC DRUGS	Y	N	Y	N	N	Y	N	N
LEGEND DRUGS	Y	Y	Y	N	N	N	Y	Y
DOLLAR THRESHOLD/RX	N	N	N	N	N	N	N	N
QUANTITY THRESHOLD/RX	N	N	Y	N	N	N	N	N
REFILL THRESHOLD	N	N	Y	N	N	N	N	N
LIMITS ON QUANTITY/FREQUENCY	Y	N	Y	Y	N	Y	N	N
REFILLS PER DY	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA
MO	3	NA	7	NA	NA	NA	NA	NA
YR	NA	NA	NA	5	NA	NA	NA	NA
DAYS SUPPLY ON HAND	100	NA	NA	NA	NA	NA	NA	NA
MAX UNITS DISPENSED PER DY	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER UNITS ON HAND	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER RX'S/MONTH	3	NA	7	NA	NA	NA	NA	NA
OTHER	N	N	N	Y	N	Y	N	N

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TABLE 3-6.

HCFA STATE PROFILE DATA SYSTEM
PRESCRIBED DRUGS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 7 OF 7

COVERAGE AND LIMITATIONS	- WV - CAT/MED	- WI - CAT/MED	- WY - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y
LIMITATIONS	N	Y	Y
EXCLUDE ANY/ALL OTC DRUGS	N	N	Y
LIMITS ON OTC DRUGS	N	N	N
PRIOR AUTHORIZATION	N	N	Y*
OUT-OF-STATE PROVIDER	N	N	N*
OTC DRUGS	N	N	N*
LEGEND DRUGS	N	N	N*
DOLLAR THRESHOLD/RX	N	N	N*
QUANTITY THRESHOLD/RX	N	N	Y*
REFILL THRESHOLD	N	N	N*
LIMITS ON QUANTITY/FREQUENCY	N	N	Y*
REFILLS PER DY	NA	NA	NA
WK	NA	NA	NA
MO	NA	NA	NA
YR	NA	NA	NA
DAYS SUPPLY ON HAND	NA	NA	NA
MAX UNITS DISPENSED PER DY	NA	NA	NA
WK	NA	NA	NA
MO	NA	NA	NA
YR	NA	NA	NA
NUMBER UNITS ON HAND	NA	NA	NA
NUMBER RX'S/MONTH	NA	NA	3*
OTHER	N	N	N*

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4. The fourth part of the document discusses the implications of the findings. It suggests that the results have significant implications for the field of study and may lead to further research in this area.

5. The fifth part of the document concludes the study. It summarizes the main findings and provides a final statement on the importance of the research.

TABLE 3-7.1.

HCFA STATE PROFILE DATA SYSTEM
TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 14

COVERAGE AND LIMITATIONS	- AL - CAT/MED 1	- AK - CAT/MED 1	- AZ - CAT/MED 1	- AR - CAT/MED 1	- CA - CAT/MED 1	- CO - CAT/MED 1	- CT - CAT/MED 1	- DE - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICED PROVIDED	Y	N	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	N	Y	Y	Y	Y	N	Y
PRIOR AUTHORIZATION	Y	Y	Y	N	Y	Y	N	Y
OUT-OF-STATE PROVIDERS	Y	Y	N	N	N	N	N	N
ATTENDANT CARE	N	Y	N	N	N	N	N	N
OTHER	N	Y	Y	N	Y	Y	N	Y
LIMITS ON MODES OF TRANSPORT	Y	N	N	Y	N	Y	N	N
BY AMBULANCE	Y	N	N	N	N	Y	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	Y	N	N
OUT-OF-STATE TRIPS	Y	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	Y	N	N
BY WHEELCHAIR VAN	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
BY AMBULETTE	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
BY AMBULETTE	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N

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TABLE 3-7.2.

HCFA STATE PROFILE DATA SYSTEM
TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 14

COVERAGE AND LIMITATIONS	- AL - CAT/MED 1	- AK - CAT/MED 1	- AZ - CAT/MED 1	- AR - CAT/MED 1	- CA - CAT/MED 1	- CO - CAT/MED 1	- CT - CAT/MED 1	- DE - CAT/MED 1
BY LIVERY	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
BY AIR	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
BY PUBLIC TRANSPORTATION	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
LIMITS ON OTHER MODES OF TRANSPORTATION	N	N	N	N	N	N	N	N
TRANSPORTATION PROVIDED AS AN ADMIN COST	Y	Y	Y	N	N	Y	N	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

NA = NOT APPLICABLE

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-7.1.

HCFA STATE PROFILE DATA SYSTEM
TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 14

COVERAGE AND LIMITATIONS	- DC - CAT/MED	- FL - CAT/MED	- GA - CAT/MED	- HI - CAT/MED	- ID - CAT/MED 1	- IL - CAT/MED	- IN - CAT/MED 1	- IA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY SERVICED PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	N	Y	Y	Y	Y	Y	Y	Y
PRIOR AUTHORIZATION	N	N	Y	Y	Y	Y	Y	N
OUT-OF-STATE PROVIDERS	N	N	Y	N	N	Y	Y	N
ATTENDANT CARE	N	N	Y	N	N	N	Y	N
OTHER	N	N	Y	Y	Y	Y	Y	N
LIMITS ON MODES OF TRANSPORT	N	Y	Y	Y	N	N	Y	N
BY AMBULANCE	N	Y	Y	N	N	N	Y	Y
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	1	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	Y	N	N	N	N	Y
OUT-OF-STATE TRIPS	N	N	Y	N	N	N	N	N
OTHER	N	Y	Y	N	N	N	Y	Y
BY WHEELCHAIR VAN	N	N	Y	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	1	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	Y	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	Y	N	N	N	N	N
OTHER	N	N	Y	N	N	N	N	N
BY AMBULETTE	N	N	N	Y	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	Y	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	Y	N	N	N	N	N
OTHER	N	N	Y	N	N	N	N	N
BY AMBULETTE	N	N	N	Y	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	Y	N	N	N	N

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Y = YES; N = NO

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-7.2.

HCFA STATE PROFILE DATA SYSTEM
TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	DC - CAT/MED	FL - CAT/MED	GA - CAT/MED	HI - CAT/MED	ID - CAT/MED	IL - CAT/MED	IN - CAT/MED	IA - CAT/MED
BY LIVERY	N	N	N	Y	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	Y	N	N	N	N
BY AIR	N	N	Y	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	Y	N	N	N	N	N
OTHER	N	N	Y	N	N	N	N	N
BY PUBLIC TRANSPORTATION	N	N	Y	Y	N	N	Y	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	Y	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	Y	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	Y	Y	N	N	N	N
OTHER	N	N	Y	Y	N	N	N	N
LIMITS ON OTHER MODES OF TRANSPORTATION	N	N	Y	N	N	N	N	N
TRANSPORTATION PROVIDED AS AN ADMIN COST	Y	N	N	N	Y	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

NA = NOT APPLICABLE

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-7.1.

HCFA STATE PROFILE DATA SYSTEM
TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 14

COVERAGE AND LIMITATIONS	- KS - CAT/MED	- KY - CAT/MED	- LA - CAT/MED	- ME - CAT/MED	- MD - CAT/MED	- MA - CAT/MED	- MI - CAT/MED	- MN - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICED PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	N	Y	N
PRIOR AUTHORIZATION	Y	Y	Y	N	Y	N	N	N
OUT-OF-STATE PROVIDERS	Y	N	Y	N	Y	N	N	N
ATTENDANT CARE	N	N	N	N	Y	N	N	N
OTHER	Y	Y	N	N	N	N	N	N
LIMITS ON MODES OF TRANSPORT	N	Y	N	Y	Y	N	Y	N
BY AMBULANCE	N	Y	N	Y	Y	N	Y	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	10	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	Y	N	N	N
OTHER	N	Y	N	Y	N	N	N	N
BY WHEELCHAIR VAN	N	Y	N	N	Y	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	10	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	Y	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	Y	N	N	Y	N	N	N
BY AMBULETTE	N	Y	N	N	Y	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	10	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	Y	N	N	Y	N	N	N
BY AMBULETTE	N	Y	N	N	Y	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	10	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	Y	N	N	Y	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

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1 = STATE DOES NOT HAVE A MEDICALLY NECESSARY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NECESSARY

HCFA STATE PROFILE DATA SYSTEM
TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- KS - CAT/MED	- KY - CAT/MED	- LA - CAT/MED	- ME - CAT/MED	- MD - CAT/MED	- MA - CAT/MED	- MI - CAT/MED	- MN - CAT/MED
BY LIVERY	N	Y	N	N	Y	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
BY AIR	N	Y	N	N	Y	N	Y	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	Y	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
BY PUBLIC TRANSPORTATION	N	Y	N	N	Y	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	10	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	Y	N	N	N	N	N	N
LIMITS ON OTHER MODES OF TRANSPORTATION	N	Y	N	N	Y	N	N	N
TRANSPORTATION PROVIDED AS AN ADMIN COST	N	N	Y	N	N	Y	Y	Y

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-7.1.

HCFA STATE PROFILE DATA SYSTEM
TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 7 OF 14

COVERAGE AND LIMITATIONS	- MS - CAT/MED 1	- MO - CAT/MED 1	- MT - CAT/MED	- NE - CAT/MED	- NV - CAT/MED 1	- NH - CAT/MED	- NJ - CAT/MED	- NM - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDNTS THAT MAY COMPLICATE PRGNCY SERVICED PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y
PRIOR AUTHORIZATION	N	N	Y	Y	Y	N	Y	N
OUT-OF-STATE PROVIDERS	N	N	Y	Y	Y	N	Y	N
ATTENDANT CARE	N	N	Y	N	Y	N	N	N
OTHER	N	N	Y	N	N	N	Y	N
LIMITS ON MODES OF TRANSPORT	Y	Y	Y	Y	Y	Y	Y	Y
BY AMBULANCE	Y	Y	Y	Y	Y	Y	Y	Y
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	Y	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	Y	Y	N	Y	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	Y	Y	N	Y	N	N
BY WHEELCHAIR VAN	Y	N	N	N	N	Y	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	Y	N	N	N	N	N	N	N
OTHER	Y	N	N	N	N	N	N	N
BY AMBULETTE	Y	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	Y	N	N	N	N	N	N	N
OTHER	Y	N	N	N	N	N	N	N
BY AMBULETTE	Y	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	Y	N	N	N	N	N	N	N
OTHER	Y	N	N	N	N	N	N	N

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TABLE 3-7.2.

HCFA STATE PROFILE DATA SYSTEM

PAGE 8 OF 14

TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	MS	MO	MT	NE	NV	NH	NJ	NM
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1
BY LIVERY	Y	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	Y	N	N	N	N	N	N	N
BY AIR	Y	N	N	N	N	Y	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	Y	Y	N
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	Y	N	N	N	N	Y	N	N
BY PUBLIC TRANSPORTATION	Y	N	N	N	N	Y	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	Y	N	N
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	Y	N	N	N	N	Y	N	N
LIMITS ON OTHER MODES OF TRANSPORTATION	Y	N	N	N	Y	Y	Y	N
TRANSPORTATION PROVIDED AS AN ADMIN COST	Y	Y	N	N	Y	N	Y	Y

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TABLE 3-7.1.

HCFA STATE PROFILE DATA SYSTEM
TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 9 OF 14

COVERAGE AND LIMITATIONS	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICED PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	N	Y	Y	Y	N	Y
PRIOR AUTHORIZATION	Y	N	N	Y	Y	Y	N	N
OUT-OF-STATE PROVIDERS	Y	N	N	N	N	N	N	N
ATTENDANT CARE	Y	N	N	Y	N	N	N	N
OTHER	Y	N	N	N	Y	Y	N	N
LIMITS ON MODES OF TRANSPORT	N	N	N	Y	N	N	N	Y
BY AMBULANCE	N	N	N	N	N	N	N	Y
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	Y
BY WHEELCHAIR VAN	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
BY AMBULETTE	N	N	N	Y	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
BY AMBULETTE	N	N	N	Y	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	Y	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N

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TABLE 3-7.2.

HCFA STATE PROFILE DATA SYSTEM
TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 10 OF 14

COVERAGE AND LIMITATIONS	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED 1	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
BY LIVERY	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
BY AIR	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
BY PUBLIC TRANSPORTATION	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
LIMITS ON OTHER MODES OF TRANSPORTATION	N	N	N	N	N	N	N	N
TRANSPORTATION PROVIDED AS AN ADMIN COST	Y	Y	Y	Y	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

NA = NOT APPLICABLE

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-7.1.

HCFA STATE PROFILE DATA SYSTEM
TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 11 OF 14

COVERAGE AND LIMITATIONS	SC	SD	TN	TX	UT	VT	VA	WA
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDNTNS THAT MAY COMPLICATE PRGNCY SERVICED PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	N	Y	N	Y
PRIOR AUTHORIZATION	Y	N	N	N	N	Y	N	Y
OUT-OF-STATE PROVIDERS	Y	N	N	N	N	Y	N	Y
ATTENDANT CARE	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	Y	N	Y
LIMITS ON MODES OF TRANSPORT	Y	Y	Y	Y	Y	Y	N	Y
BY AMBULANCE	Y	N	Y	Y	N	Y	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	Y	N	N	Y	N	N
OTHER	Y	N	Y	N	N	Y	N	N
BY WHEELCHAIR VAN	N	Y	N	Y	N	Y	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	Y	N	Y	N	Y	N	N
OTHER	N	N	N	N	N	N	N	N
BY AMBULETTE	N	N	N	N	N	Y	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
BY AMBULETTE	N	N	N	N	N	Y	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N

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TABLE 3-7.2.

HCFA STATE PROFILE DATA SYSTEM
TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 12 OF 14

COVERAGE AND LIMITATIONS	SC	CAT/MED 1	SD	CAT/MED 1	TN	CAT/MED	TX	CAT/MED	UT	CAT/MED	VT	CAT/MED	VA	CAT/MED	WA	CAT/MED
BY LIVERY	N	NA	N	NA	N	NA	N	NA	N	NA	Y	Y	N	NA	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	NA	N	NA	N	NA	N	NA	N	NA	NA	NA	N	NA	N	NA
MILES	N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
BY AIR	N	NA	N	NA	Y	NA	N	NA	N	NA	Y	Y	N	NA	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	NA	N	NA	N	NA	N	NA	N	NA	N	NA	N	NA	N	NA
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	Y	N	N	N	N	Y	Y	N	N	N	N
BY PUBLIC TRANSPORTATION	Y	N	N	NA	Y	NA	Y	NA	N	NA	Y	Y	N	NA	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	NA	N	NA	N	NA	N	NA	N	NA	N	NA	N	NA	N	NA
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	Y	Y	N	N	N	N	Y	Y	N	N	N	N
OTHER	Y	N	N	N	N	N	Y	Y	N	N	Y	Y	N	N	N	N
LIMITS ON OTHER MODES OF TRANSPORTATION	N	N	N	N	Y	N	N	N	N	N	Y	Y	N	N	N	N
TRANSPORTATION PROVIDED AS AN ADMIN COST	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y

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TABLE 3-7.1.

HCFA STATE PROFILE DATA SYSTEM
TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 13 OF 14

COVERAGE AND LIMITATIONS	- WV - CAT/MED	- WI - CAT/MED	- WY - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY SERVICED PROVIDED	Y	Y	Y
LIMITATIONS	Y	Y	Y
PRIOR AUTHORIZATION	Y	Y	Y
OUT-OF-STATE PROVIDERS	N	Y	N
ATTENDANT CARE	N	N	N
OTHER	Y	N	Y
LIMITS ON MODES OF TRANSPORT	N	Y	Y
BY AMBULANCE	N	Y	Y
TRIPS PER RECIPIENT	NA	NA	NA
VISITS PER MONTH	NA	NA	NA
WAITING TIME	N	N	N
MILES	NA	NA	NA
EMERGENCY TRIPS	N	Y	Y
OUT-OF-STATE TRIPS	N	Y	N
OTHER	N	N	N
BY WHEELCHAIR VAN	N	Y	N
TRIPS PER RECIPIENT	NA	NA	NA
VISITS PER MONTH	NA	NA	NA
WAITING TIME	N	N	N
MILES	NA	NA	NA
EMERGENCY TRIPS	N	Y	N
OUT-OF-STATE TRIPS	N	Y	N
OTHER	N	N	N
BY AMBULETTE	N	Y	N
TRIPS PER RECIPIENT	NA	NA	NA
VISITS PER MONTH	NA	NA	NA
WAITING TIME	N	N	N
MILES	NA	NA	NA
EMERGENCY TRIPS	N	Y	N
OUT-OF-STATE TRIPS	N	Y	N
OTHER	N	N	N

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HCFA STATE PROFILE DATA SYSTEM
TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- WV - CAT/MED	- WI - CAT/MED	- WY - CAT/MED 1
BY LIVERY			
TRIPS PER RECIPIENT	N	Y	N
VISITS PER MONTH	NA	NA	NA
WAITING TIME	NA	NA	NA
MILES	N	N	N
EMERGENCY TRIPS	NA	NA	NA
OUT-OF-STATE TRIPS	N	Y	N
OTHER	N	Y	N
BY AIR			
TRIPS PER RECIPIENT	N	Y	Y
VISITS PER MONTH	NA	NA	NA
WAITING TIME	N	N	N
MILES	NA	NA	NA
EMERGENCY TRIPS	N	Y	Y
OUT-OF-STATE TRIPS	N	Y	N
OTHER	N	N	N
BY PUBLIC TRANSPORTATION			
TRIPS PER RECIPIENT	N	Y	N
VISITS PER MONTH	NA	NA	NA
WAITING TIME	N	NA	NA
MILES	NA	N	N
EMERGENCY TRIPS	N	NA	NA
OUT-OF-STATE TRIPS	N	Y	N
OTHER	N	N	N
LIMITS ON OTHER MODES OF TRANSPORTATION	N	N	N
TRANSPORTATION PROVIDED AS AN ADMIN COST	N	Y	Y

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TABLE 3-8.

HCFA STATE PROFILE DATA SYSTEM
 COVERAGE OF TRANSPLANT SERVICES
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 7

	- AL -	- AK -	- AZ -	- AR -	- CA -	- CO -	- CT -	- DE -
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1
BONE MARROW TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	Y*	Y	Y
CORNEA TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	Y*	Y	Y
HEART TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIVER TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	N	Y	Y
LUNG TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	N	Y	Y
PANCREAS TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N	N	N	Y	N	N	Y	Y
KIDNEY TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	Y*	Y	Y

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TABLE 3-8.

HCFA STATE PROFILE DATA SYSTEM
 COVERAGE OF TRANSPLANT SERVICES
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

	- DC -	- FL -	- GA -	- HI -	- ID -	- IL -	- IN -	- IA -
	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED
BONE MARROW TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	Y	Y	Y	Y	Y	Y	Y
AND POSTPARTUM CARE								
PROVIDED FOR OTHER CONDITNS	Y	Y	Y	Y	Y	Y	Y	Y
THAT MAY COMPLICATE PRGNCY								
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
CORNEA TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	Y	Y	Y	Y	Y	Y	Y
AND POSTPARTUM CARE								
PROVIDED FOR OTHER CONDITNS	Y	Y	Y	Y	Y	Y	Y	Y
THAT MAY COMPLICATE PRGNCY								
SERVICE PROVIDED	N	Y	N	Y	Y	Y	N	Y
HEART TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	Y	Y	Y	Y	Y	Y	Y
AND POSTPARTUM CARE								
PROVIDED FOR OTHER CONDITNS	Y	Y	Y	Y	Y	Y	N	Y
THAT MAY COMPLICATE PRGNCY								
SERVICE PROVIDED	Y	Y	N	N	Y	Y	Y	Y
LIVER TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	Y	Y	Y	Y	Y	Y	Y
AND POSTPARTUM CARE								
PROVIDED FOR OTHER CONDITNS	Y	Y	Y	Y	Y	Y	Y	Y
THAT MAY COMPLICATE PRGNCY								
SERVICE PROVIDED	Y	Y	Y	N	Y	Y	Y	Y
LUNG TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	Y	Y	Y	Y	Y	Y	Y
AND POSTPARTUM CARE								
PROVIDED FOR OTHER CONDITNS	Y	Y	Y	Y	Y	Y	N	Y
THAT MAY COMPLICATE PRGNCY								
SERVICE PROVIDED	N	N	N	N	N	Y	N	N
PANCREAS TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	Y	Y	Y	Y	Y	Y	Y
AND POSTPARTUM CARE								
PROVIDED FOR OTHER CONDITNS	Y	Y	Y	Y	Y	Y	N	Y
THAT MAY COMPLICATE PRGNCY								
SERVICE PROVIDED	N	N	N	N	N	Y	N	N
KIDNEY TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	Y	Y	Y	Y	Y	Y	Y
AND POSTPARTUM CARE								
PROVIDED FOR OTHER CONDITNS	Y	Y	Y	Y	Y	Y	N	Y
THAT MAY COMPLICATE PRGNCY								
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	N	Y

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TABLE 3-8.

HCFA STATE PROFILE DATA SYSTEM
COVERAGE OF TRANSPLANT SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED
BONE MARROW TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	Y	Y	Y	Y	Y	Y	Y
AND POSTPARTUM CARE								
PROVIDED FOR OTHER CONDNTS	Y	Y	Y	Y	Y	Y	Y	Y
THAT MAY COMPLICATE PRGNCY								
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
CORNEA TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	Y	Y	Y	Y	Y	Y	Y
AND POSTPARTUM CARE								
PROVIDED FOR OTHER CONDNTS	Y	Y	Y	Y	Y	Y	Y	Y
THAT MAY COMPLICATE PRGNCY								
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	N	Y
HEART TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	Y	Y	Y	Y	Y	Y	Y
AND POSTPARTUM CARE								
PROVIDED FOR OTHER CONDNTS	Y	Y	Y	Y	Y	Y	Y	Y
THAT MAY COMPLICATE PRGNCY								
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIVER TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	Y	Y	Y	Y	Y	Y	Y
AND POSTPARTUM CARE								
PROVIDED FOR OTHER CONDNTS	Y	Y	Y	Y	Y	Y	Y	Y
THAT MAY COMPLICATE PRGNCY								
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LUNG TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	Y	Y	Y	Y	Y	Y	Y
AND POSTPARTUM CARE								
PROVIDED FOR OTHER CONDNTS	Y	Y	Y	Y	Y	Y	Y	Y
THAT MAY COMPLICATE PRGNCY								
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
PANCREAS TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	Y	Y	Y	Y	Y	Y	Y
AND POSTPARTUM CARE								
PROVIDED FOR OTHER CONDNTS	Y	Y	Y	Y	Y	Y	Y	Y
THAT MAY COMPLICATE PRGNCY								
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
KIDNEY TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	Y	Y	Y	Y	Y	Y	Y
AND POSTPARTUM CARE								
PROVIDED FOR OTHER CONDNTS	Y	Y	Y	Y	Y	Y	Y	Y
THAT MAY COMPLICATE PRGNCY								
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	N	Y

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TABLE 3-8.

HCFA STATE PROFILE DATA SYSTEM
 COVERAGE OF TRANSPLANT SERVICES
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 7

	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1
BONE MARROW TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	N	Y	Y	Y	Y	Y	N
AND POSTPARTUM CARE								N
PROVIDED FOR OTHER COND'TNS	Y	N	Y	Y	Y	Y	Y	N
THAT MAY COMPLICATE PRGNCY								N
SERVICE PROVIDED	Y	N	Y	Y	Y	Y	Y	Y
CORNEA TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	N	Y	Y	Y	Y	Y	N
AND POSTPARTUM CARE								N
PROVIDED FOR OTHER COND'TNS	Y	N	Y	Y	Y	Y	Y	N
THAT MAY COMPLICATE PRGNCY								N
SERVICE PROVIDED	Y	N	Y	Y	Y	Y	Y	Y
HEART TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	N	Y	Y	Y	Y	Y	N
AND POSTPARTUM CARE								N
PROVIDED FOR OTHER COND'TNS	Y	N	Y	Y	Y	Y	Y	N
THAT MAY COMPLICATE PRGNCY								N
SERVICE PROVIDED	Y	N	Y	Y	Y	Y	Y	Y
LIVER TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	N	Y	Y	Y	Y	Y	N
AND POSTPARTUM CARE								N
PROVIDED FOR OTHER COND'TNS	Y	N	Y	Y	Y	Y	Y	N
THAT MAY COMPLICATE PRGNCY								N
SERVICE PROVIDED	Y	N	Y	Y	Y	Y	Y	Y
LUNG TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	N	Y	Y	Y	Y	Y	N
AND POSTPARTUM CARE								N
PROVIDED FOR OTHER COND'TNS	Y	N	Y	Y	Y	Y	Y	N
THAT MAY COMPLICATE PRGNCY								N
SERVICE PROVIDED	Y	N	Y	Y	Y	Y	Y	Y
PANCREAS TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	N	Y	Y	Y	Y	Y	N
AND POSTPARTUM CARE								N
PROVIDED FOR OTHER COND'TNS	Y	N	Y	Y	Y	Y	Y	N
THAT MAY COMPLICATE PRGNCY								N
SERVICE PROVIDED	Y	N	Y	Y	Y	N	Y	N
KIDNEY TRANSPLANT								
PROVIDED FOR PREGNANCY RLTD	Y	N	Y	Y	Y	Y	Y	N
AND POSTPARTUM CARE								N
PROVIDED FOR OTHER COND'TNS	Y	N	Y	Y	Y	Y	Y	N
THAT MAY COMPLICATE PRGNCY								N
SERVICE PROVIDED	Y	N	Y	Y	Y	N	Y	N

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TABLE 3-8.

HCFA STATE PROFILE DATA SYSTEM
COVERAGE OF TRANSPLANT SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 7

	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED 1	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
BONE MARROW TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N*	Y	Y	Y	N	N	Y	Y
CORNEA TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N*	Y	N	Y	N	N	Y	Y
HEART TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N*	Y	Y	Y	N	N	Y	Y
LIVER TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N*	Y	Y	Y	N	N	Y	Y
LUNG TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N*	Y	Y	Y	N	N	Y	Y
PANCREAS TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N*	Y	Y	Y	N	N	Y	Y
KIDNEY TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N*	Y	Y	Y	N	N	Y	Y

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TABLE 3-8.

HCFA STATE PROFILE DATA SYSTEM
 COVERAGE OF TRANSPLANT SERVICES
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 7

	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
	CAT/MED 1	CAT/MED 1	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED
BONE MARROW TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	N	N	Y	Y	Y	Y	Y
CORNEA TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	N	N	Y	Y	Y	Y	Y
HEART TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	N	N	Y	Y	Y	Y	Y
LIVER TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	N	N	Y	Y	Y	Y	Y
LUNG TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	N	N	Y	Y	Y	Y	Y
PANCREAS TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	N	N	Y	Y	Y	Y	Y
KIDNEY TRANSPLANT PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	N	N	Y	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-8.

HCFA STATE PROFILE DATA SYSTEM
COVERAGE OF TRANSPLANT SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 7 OF 7

	- WV -	- WI -	- WY -
	CAT/MED	CAT/MED	CAT/MED
BONE MARROW TRANSPLANT			
PROVIDED FOR PREGNANCY RLTD	Y	Y	N
AND POSTPARTUM CARE			
PROVIDED FOR OTHER CONDTNS	N	Y	N
THAT MAY COMPLICATE PRGNCY			
SERVICE PROVIDED	Y	Y	N
CORNEA TRANSPLANT			
PROVIDED FOR PREGNANCY RLTD	Y	Y	Y
AND POSTPARTUM CARE			
PROVIDED FOR OTHER CONDTNS	N	Y	N
THAT MAY COMPLICATE PRGNCY			
SERVICE PROVIDED	Y	Y	N
HEART TRANSPLANT			
PROVIDED FOR PREGNANCY RLTD	Y	Y	N
AND POSTPARTUM CARE			
PROVIDED FOR OTHER CONDTNS	N	Y	N
THAT MAY COMPLICATE PRGNCY			
SERVICE PROVIDED	Y	Y	N
LIVER TRANSPLANT			
PROVIDED FOR PREGNANCY RLTD	Y	Y	N
AND POSTPARTUM CARE			
PROVIDED FOR OTHER CONDTNS	N	Y	N
THAT MAY COMPLICATE PRGNCY			
SERVICE PROVIDED	Y	Y	N
LUNG TRANSPLANT			
PROVIDED FOR PREGNANCY RLTD	Y	Y	N
AND POSTPARTUM CARE			
PROVIDED FOR OTHER CONDTNS	N	Y	N
THAT MAY COMPLICATE PRGNCY			
SERVICE PROVIDED	Y	Y	N
PANCREAS TRANSPLANT			
PROVIDED FOR PREGNANCY RLTD	Y	Y	N
AND POSTPARTUM CARE			
PROVIDED FOR OTHER CONDTNS	N	Y	N
THAT MAY COMPLICATE PRGNCY			
SERVICE PROVIDED	N	Y	N
KIDNEY TRANSPLANT			
PROVIDED FOR PREGNANCY RLTD	Y	Y	N
AND POSTPARTUM CARE			
PROVIDED FOR OTHER CONDTNS	N	Y	N
THAT MAY COMPLICATE PRGNCY			
SERVICE PROVIDED	Y	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-9.

HCFA STATE PROFILE DATA SYSTEM
 PROFILE OF THE EPSDT PROGRAM
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 7

COVERAGE AND LIMITATIONS	- AL -	- AK -	- AZ -	- AR -	- CA -	- CO -	- CT -	- DE -
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE								
FOR CATEGORYALLY NEEDY	Y	Y	N	Y	Y	Y	Y	Y
FOR MEDICALLY NEEDY	N	N	N	Y	Y	N	Y	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY								
FOR CATEGORYALLY NEEDY	Y	Y	N	Y	Y	Y	Y	Y
FOR MEDICALLY NEEDY	N	N	N	Y	Y	N	Y	N
PROVIDED BY CONTINUING CARE PROVIDERS	N	N	N	N	Y	Y	N	N
COVERAGE OF MEDICALLY NEEDY	N	N	N	Y	Y	N	Y	N
EXCLSN OF ANY EQUIP/SUPPLIES	N	N	N	N	N	N	N	N
EXCLSN OF ANY PROCEDURES	N	N	N	N	N	N	N	N
MED. NEC. TRANSPLANTS COVERED	Y	Y	N	Y	Y	Y	Y	Y
KIDNEY	Y	Y	N	Y	Y	Y*	Y	Y
LIVER	Y	Y	N	Y	Y	Y*	Y	Y
BONE MARROW	Y	Y	N	Y	Y	Y*	Y	Y
OTHER	Y	Y	N	Y	Y	Y*	Y	Y

195

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 Y = YES; N = NO

TABLE 3-9.

HCFA STATE PROFILE DATA SYSTEM
 PROFILE OF THE EPSDT PROGRAM
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 7

COVERAGE AND LIMITATIONS	DC	FL	GA	HI	ID	IL	IN	IA
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE								
FOR CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
FOR MEDICALLY NEEDY	Y	Y	Y	Y	N	Y	N	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY								
FOR CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
FOR MEDICALLY NEEDY	Y	Y	Y	Y	N	Y	N	Y
PROVIDED BY CONTINUING CARE PROVIDERS	N	Y	N	Y	N	N	N	Y
COVERAGE OF MEDICALLY NEEDY	Y	Y	Y	Y	N	Y	N	Y
EXCLSN OF ANY EQUIP/SUPPLIES	N	N	N	N	N	N	N	Y
EXCLSN OF ANY PROCEDURES	N	N	N	N	N	N	N	Y
MED. NEC. TRANSPLANTS COVERED	Y	Y	Y	Y	Y	Y	Y	Y
KIDNEY	Y	Y	Y	Y	Y	Y	Y	Y
LIVER	Y	Y	Y	Y	Y	Y	Y	Y
BONE MARROW	Y	Y	Y	Y	Y	Y	Y	Y
OTHER	Y	N	Y	Y	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 Y = YES; N = NO

TABLE 3-9.

HCFA STATE PROFILE DATA SYSTEM
 PROFILE OF THE EPSDT PROGRAM
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

COVERAGE AND LIMITATIONS	KS	KY	LA	ME	MD	MA	MI	MN
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE								
FOR CATEGORYCALLY NEEDY FOR MEDICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	N
PROVIDED FOR OTHER CONDNTNS THAT MAY COMPLICATE PRGNCY FOR CATEGORYCALLY NEEDY FOR MEDICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	N
PROVIDED BY CONTINUING CARE PROVIDERS	N	N	Y	N	Y	Y	N	N
COVERAGE OF MEDICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
EXCLSN OF ANY EQUIP/SUPPLIES	N	N	N	N	N	N	N	N
EXCLSN OF ANY PROCEDURES	N	Y	N	N	N	N	N	Y
MED. NEC. TRANSPLANTS COVERED	Y	Y	Y	Y	Y	Y	Y	N
KIDNEY	Y	Y	Y	Y	Y	Y	N	N
LIVER	Y	Y	Y	Y	Y	Y	Y	N
BONE MARROW	Y	Y	Y	Y	Y	Y	Y	N
OTHER	Y	Y	Y	Y	Y	Y	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 Y = YES; N = NO

TABLE 3-9.

HCFA STATE PROFILE DATA SYSTEM
 PROFILE OF THE EPSDT PROGRAM
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 7

COVERAGE AND LIMITATIONS PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE FOR CATEGORICALLY NEEDY FOR MEDICALLY NEEDY	MS	MO	MT	NE	NV	NH	NJ	NM
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY FOR CATEGORICALLY NEEDY FOR MEDICALLY NEEDY	Y N	Y N	Y Y	Y Y	Y N	Y Y	N N	Y N
PROVIDED BY CONTINUING CARE PROVIDERS	Y	N	N	N	N	Y	N	Y N
COVERAGE OF MEDICALLY NEEDY	N	N	Y	Y	N	Y	N	N
EXCLSN OF ANY EQUIP/SUPPLIES	N	N	Y	N	N	N	N	N
EXCLSN OF ANY PROCEDURES	N	N	Y	N	N	N	N	N
MED. NEC. TRANSPLANTS COVERED	Y	Y	Y	Y	Y	Y	N	Y
KIDNEY	Y	Y	Y	Y	Y	Y	N	Y
LIVER	Y	Y	Y	Y	Y	Y	N	Y
BONE MARROW	Y	Y	Y	Y	Y	Y	N	Y
OTHER	Y	Y	Y	Y	Y	Y	N	Y

TABLE 3-9.

HCFA STATE PROFILE DATA SYSTEM
 PROFILE OF THE EPSDT PROGRAM
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 7

	NY	NC	ND	OH	OK	OR	PA	RI
COVERAGE AND LIMITATIONS								
PROVIDED FOR PREGNANCY RLTD								
AND POSTPARTUM CARE								
FOR CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	N	Y	Y
FOR MEDICALLY NEEDY	Y	Y	Y	N	Y	N	Y	Y
PROVIDED FOR OTHER CONDTNS								
THAT MAY COMPLICATE PRGNCY								
FOR CATEGORICALLY NEEDY	Y	Y	Y	Y	N	N	Y	Y
FOR MEDICALLY NEEDY	Y	Y	Y	N	N	N	Y	Y
PROVIDED BY CONTINUING								
CARE PROVIDERS	Y	N	N	Y	N	Y	Y	N
COVERAGE OF MEDICALLY NEEDY	Y	Y	Y	N	Y	Y	Y	Y
EXCLSN OF ANY EQUIP/SUPPLIES	N	N	N	N	N	N	N	N
EXCLSN OF ANY PROCEDURES	N	N	N	N	N	N	N	N
MED. NEC. TRANSPLANTS COVERED	Y	Y	Y	Y	Y	Y	Y	Y
KIDNEY	Y	Y	Y	Y	Y	Y	Y	Y
LIVER	Y	Y	Y	Y	Y	Y	Y	Y
BONE MARROW	Y	Y	Y	Y	Y	Y	Y	Y
OTHER	Y	Y	Y	Y	Y	Y	Y	Y

199

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 Y = YES; N = NO

TABLE 3-9.

HCFA STATE PROFILE DATA SYSTEM
 PROFILE OF THE EPSDT PROGRAM
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 7

COVERAGE AND LIMITATIONS	SC	SD	TN	TX	UT	VT	VA	WA
PROVIDED FOR PREGNANCY RLTD								
AND POSTPARTUM CARE								
FOR CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
FOR MEDICALLY NEEDY	N	N	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS								
THAT MAY COMPLICATE PRGNCY								
FOR CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
FOR MEDICALLY NEEDY	N	N	Y	Y	Y	Y	Y	Y
PROVIDED BY CONTINUING								
CARE PROVIDERS	N	N	Y	N	Y	N	Y	Y
COVERAGE OF MEDICALLY NEEDY	N	N	Y	Y	Y	Y	Y	Y
EXCLSN OF ANY EQUIP/SUPPLIES	N	Y	N	N	N	N	N	N
EXCLSN OF ANY PROCEDURES	N	N	N	N	N	N	N	N
MED. NEC. TRANSPLANTS COVERED	N	Y	Y	Y	Y	Y	Y	Y
KIDNEY	N	Y	Y	Y	Y	Y	Y	Y
LIVER	N	Y	Y	Y	Y	Y	Y	Y
BONE MARROW	N	Y	Y	Y	Y	Y	Y	Y
OTHER	N	Y	Y	Y	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 Y = YES; N = NO

PROFILE OF THE EPSDT PROGRAM
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- WV -	- WI -	- WY -
PROVIDED FOR PREGNANCY RLTD			
AND POSTPARTUM CARE	Y	Y	Y
FOR CATEGORICALLY NEEDY	Y	Y	N
FOR MEDICALLY NEEDY			
PROVIDED FOR OTHER CONDTNS			
THAT MAY COMPLICATE PRGNCY			
FOR CATEGORICALLY NEEDY	N	Y	Y
FOR MEDICALLY NEEDY	N	Y	N
PROVIDED BY CONTINUING			
CARE PROVIDERS	N	Y	N
COVERAGE OF MEDICALLY NEEDY	Y	Y	N
EXCLSN OF ANY EQUIP/SUPPLIES	N	N	N
EXCLSN OF ANY PROCEDURES	N	N	N
MED. NEC. TRANSPLANTS COVERED	Y	Y	Y
KIDNEY	Y	Y	Y
LIVER	Y	Y	Y
BONE MARROW	Y	Y	Y
OTHER	N	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
Y = YES; N = NO

TABLE 3-10.

HCFA STATE PROFILE DATA SYSTEM
RURAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 7

COVERAGE AND LIMITATIONS	AL - CAT/MED 1	AK - CAT/MED 1	AZ - CAT/MED 1	AR - CAT/MED 1	CA - CAT/MED 1	CO - CAT/MED 1	CT - CAT/MED 1	DE - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	N	Y	Y	Y	N	N	N
DAYS/UNITS PER PERIOD	Y	N	N	Y	N	N	N	N
PRIOR AUTHORIZATION	N	N	Y	N	Y	N	N	N
DOLLAR THRESHOLD	N	N	N	N	Y	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	Y	N	Y	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	Y	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	Y	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-10.

HCFA STATE PROFILE DATA SYSTEM
RURAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- DC - CAT/MED	- FL - CAT/MED	- GA - CAT/MED	- HI - CAT/MED	- ID - CAT/MED 1	- IL - CAT/MED	- IN - CAT/MED 1	- IA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	Y	Y	N	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N	Y	Y	N	Y	Y	Y	Y
LIMITATIONS	N	N	Y	N	Y	Y	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	Y	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	Y	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-10.

HCFA STATE PROFILE DATA SYSTEM
RURAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

COVERAGE AND LIMITATIONS	- KS - CAT/MED	- KY - CAT/MED	- LA - CAT/MED	- ME - CAT/MED	- MD - CAT/MED	- MA - CAT/MED	- MI - CAT/MED	- MN - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	Y	Y	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	N	N	N	N	N	N
DOLLAR THRESHOLD	N	Y	N	N	N	N	N	N
UNIT THRESHOLD	Y	Y	N	N	N	N	N	N
PROCEDURE	Y	Y	N	N	N	N	N	N
EXTENSION OF BENEFITS	Y	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	N
ANY OTHER	N	Y	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	Y	Y	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-10.

HCFA STATE PROFILE DATA SYSTEM
RURAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 7

COVERAGE AND LIMITATIONS	MS	MO	MT	NE	NV	NH	NJ	NM
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y
DAYS/UNITS PER PERIOD	Y	N	N	N	Y	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	Y	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	Y	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	N	Y	N	N	N

205

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-10.

HCFA STATE PROFILE DATA SYSTEM
RURAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 7

COVERAGE AND LIMITATIONS	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	N	Y	Y	N	N	Y
DAYS/UNITS PER PERIOD	Y	Y	N	Y	Y	N	N	N
PRIOR AUTHORIZATION	Y	Y	N	Y	N	N	N	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	Y	N	N	Y	N	N	N	N
PROCEDURE	N	N	N	Y	N	N	N	Y
EXTENSION OF BENEFITS	N	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	Y	N	N	N	N	N	N
ANY OTHER	N	Y	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	Y	N	N	Y	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-10.

HCFA STATE PROFILE DATA SYSTEM
RURAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 7

COVERAGE AND LIMITATIONS	SC - CAT/MED 1	SD - CAT/MED 1	TN - CAT/MED	TX - CAT/MED	UT - CAT/MED	VT - CAT/MED	VA - CAT/MED	WA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS	Y	N	Y	Y	Y	Y	Y	Y
THAT MAY COMPLICATE PRGNCY	Y	N	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	N	Y	Y	Y	Y	Y	Y
LIMITATIONS	N	N	N	Y	N	Y	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	Y	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	Y	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	Y	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	Y	N	N	N	N	N	N

207

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-10.

HCFA STATE PROFILE DATA SYSTEM
RURAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 7 OF 7

COVERAGE AND LIMITATIONS	- WV - CAT/MED	- WI - CAT/MED	- WY - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y
LIMITATIONS	N	N	N
DAYS/UNITS PER PERIOD	N	N	N
PRIOR AUTHORIZATION	N	N	N
DOLLAR THRESHOLD	N	N	N
UNIT THRESHOLD	N	N	N
PROCEDURE	N	N	N
EXTENSION OF BENEFITS	N	N	N
OUT-OF-STATE PROVIDER	N	N	N
ANY OTHER	N	N	N
SECOND OPINION	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

HCFA STATE PROFILE DATA SYSTEM
FEDERALLY QUALIFIED HEALTH CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	AL - CAT/MED 1	AK - CAT/MED 1	AZ - CAT/MED 1	AR - CAT/MED 1	CA - CAT/MED 1	CO - CAT/MED 1	CT - CAT/MED 1	DE - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	N	Y	Y	N	N	N	Y
DAYS/UNITS PER PERIOD	Y	N	N	Y	N	N	N	Y
PRIOR AUTHORIZATION	N	N	Y	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	Y	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-11.

HCFA STATE PROFILE DATA SYSTEM
FEDERALLY QUALIFIED HEALTH CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 7

COVERAGE AND LIMITATIONS	- DC - CAT/MED	- FL - CAT/MED	- GA - CAT/MED	- HI - CAT/MED	- ID - CAT/MED 1	- IL - CAT/MED	- IN - CAT/MED 1	- IA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	N	N	Y	N	Y	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	Y	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	Y	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-11.

HCFA STATE PROFILE DATA SYSTEM
FEDERALLY QUALIFIED HEALTH CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

COVERAGE AND LIMITATIONS	- KS - CAT/MED	- KY - CAT/MED	- LA - CAT/MED	- ME - CAT/MED	- MD - CAT/MED	- MA - CAT/MED	- MI - CAT/MED	- MN - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y*	Y	Y	Y	Y*	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y*	Y	Y	Y	Y*	Y	Y
SERVICE PROVIDED	Y	Y*	Y	Y	Y	Y*	Y	Y
LIMITATIONS	Y	N*	Y	N	N	N*	N	N
DAYS/UNITS PER PERIOD	Y	N*	Y	N	N	N*	N	N
PRIOR AUTHORIZATION	Y	N*	N	N	N	N*	N	N
DOLLAR THRESHOLD	Y	N*	N	N	N	N*	N	N
UNIT THRESHOLD	Y	N*	N	N	N	N*	N	N
PROCEDURE	Y	N*	N	N	N	N*	N	N
EXTENSION OF BENEFITS	Y	N*	N	N	N	N*	N	N
OUT-OF-STATE PROVIDER	Y	N*	N	N	N	N*	N	N
ANY OTHER	N	N*	N	N	N	N*	N	N
SECOND OPINION	N	N*	N	N	N	N*	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	Y	N*	N	N	N	N*	N	N

211

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-11.

HCFA STATE PROFILE DATA SYSTEM
FEDERALLY QUALIFIED HEALTH CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 7

COVERAGE AND LIMITATIONS	MS - CAT/MED 1	MO - CAT/MED 1	MT - CAT/MED 1	NE - CAT/MED 1	NV - CAT/MED 1	NH - CAT/MED 1	NJ - CAT/MED 1	NM - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	N	Y	Y	Y	Y	N	Y	Y
DAYS/UNITS PER PERIOD	N	N	N	N	Y	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	Y	N	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	Y	N	Y	Y
ANY OTHER	N	N	N	N	N	N	Y	N
SECOND OPINION	N	N	N	N	N	N	Y	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	N	N	N	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-11.

HCFA STATE PROFILE DATA SYSTEM
FEDERALLY QUALIFIED HEALTH CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 7

COVERAGE AND LIMITATIONS	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED 1	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y
DAYS/UNITS PER PERIOD	Y	Y	Y	Y	Y	Y	Y	Y
PRIOR AUTHORIZATION	Y	Y	Y	Y	Y	Y	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	Y	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	Y	Y	Y	Y	Y	Y	Y
OUT-OF-STATE PROVIDER	N	Y	Y	Y	Y	Y	Y	Y
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	Y	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-11.

HCFA STATE PROFILE DATA SYSTEM
FEDERALLY QUALIFIED HEALTH CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 7

COVERAGE AND LIMITATIONS	SC - CAT/MED 1	SD - CAT/MED 1	TN - CAT/MED	TX - CAT/MED	UT - CAT/MED	VT - CAT/MED	VA - CAT/MED	WA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	Y	Y	Y	Y*	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	N	Y	Y	Y	Y	Y*	Y
LIMITATIONS	Y	N	N	N	N	Y	N*	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	Y	N*	N
PRIOR AUTHORIZATION	Y	N	N	N	N	Y	N*	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N*	N
UNIT THRESHOLD	N	N	N	N	N	N	N*	N
PROCEDURE	N	N	N	N	N	N	N*	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N*	N
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N*	N
ANY OTHER	N	N	N	N	N	Y	N*	N
SECOND OPINION	N	N	N	N	N	N	N*	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	Y	N	N	N	N	N*	N

214

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

HCFA STATE PROFILE DATA SYSTEM
FEDERALLY QUALIFIED HEALTH CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS

	- WV - CAT/MED	- WI - CAT/MED	- WY - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	N
SERVICE PROVIDED	Y	Y	Y	N
LIMITATIONS	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N
UNIT THRESHOLD	N	N	N	N
PROCEDURE	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N
ANY OTHER	N	N	N	N
SECOND OPINION	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-12.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - MATERNAL AND CHILD HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 7

COVERAGE AND LIMITATIONS	AL	AK	AZ	AR	CA	CO	CT	DE
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1
PROVIDED FOR PREGNANCY RLTD	Y*	N	Y	N	Y	Y	N	Y
AND POSTPARTUM CARE	Y*	N	Y	N	Y	Y	N	Y
PROVIDED FOR OTHER COND'TNS	Y*	N	Y	N	Y	Y	N	Y
THAT MAY COMPLICATE PRGNCY	Y*	N	Y	N	Y	Y	N	Y
SERVICE PROVIDED	Y*	N	Y	N	Y	Y	N	Y
LIMITATIONS	Y*	N	Y	N	Y	Y	N	Y
DAYS/UNITS PER PERIOD	Y*	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N*	N	Y	N	Y	N	N	N
DOLLAR THRESHOLD	N*	N	N	N	N	N	N	N
UNIT THRESHOLD	N*	N	N	N	N	N	N	N
PROCEDURE	N*	N	Y	N	Y	Y	N	N
EXTENSION OF BENEFITS	N*	N	N	N	Y	Y	N	N
OUT-OF-STATE PROVIDER	N*	N	N	N	N	N	N	N
ANY OTHER	N*	N	N	N	N	N	N	N
SECOND OPINION	N*	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N*	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-12.

HCFA STATE PROFILE DATA SYSTEM
 CLINIC SERVICES - MATERNAL AND CHILD HEALTH CLINICS: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- DC - CAT/MED	- FL - CAT/MED	- GA - CAT/MED	- HI - CAT/MED	- ID - CAT/MED 1	- IL - CAT/MED	- IN - CAT/MED 1	- IA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	Y	Y	N	Y	Y
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	N	Y	Y	N	Y	Y
LIMITATIONS	N	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	Y	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-12.

HCFA STATE PROFILE DATA SYSTEM
 CLINIC SERVICES - MATERNAL AND CHILD HEALTH CLINICS: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

COVERAGE AND LIMITATIONS	- KS - CAT/MED	- KY - CAT/MED	- LA - CAT/MED	- ME - CAT/MED	- MD - CAT/MED	- MA - CAT/MED	- MI - CAT/MED	- MN - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	N	Y	Y	Y	Y
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	N	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	Y	N	N	N	N	N
PRIOR AUTHORIZATION	Y	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	Y	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

218

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - MATERNAL AND CHILD HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	MS	MO	MT	NE	NV	NH	NJ	NM
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY	N	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	N	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	N	Y	Y	N	Y	N	Y	Y
DAYS/UNITS PER PERIOD	N	N	N	N	Y	N	N	Y
PRIOR AUTHORIZATION	N	N	N	N	Y	N	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	Y	N
SECOND OPINION	N	N	N	N	N	N	Y	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	N	Y	N	N	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
Y = YES; N = NO
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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

HCFA STATE PROFILE DATA SYSTEM
 CLINIC SERVICES - MATERNAL AND CHILD HEALTH CLINICS: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	Y	N	N	Y	N
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	Y	N	N	Y	N
SERVICE PROVIDED	Y	Y	N	Y	N	N	Y	N
LIMITATIONS	Y	Y	N	Y	N	N	Y	N
DAYS/UNITS PER PERIOD	Y	Y	N	Y	N	N	Y	N
PRIOR AUTHORIZATION	Y	Y	N	Y	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	Y	N	N	N	N	N	N	N
PROCEDURE	N	Y	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	Y	N	N	N	N	N	N
ANY OTHER	N	N	N	Y	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	Y	N	N	N	N	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 Y = YES; N = NO

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 NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-12.

CLINIC SERVICES - MATERNAL AND CHILD HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

HCFA STATE PROFILE DATA SYSTEM

PAGE 6 OF 7

COVERAGE AND LIMITATIONS	- SC - CAT/MED 1	- SD - CAT/MED 1	- TN - CAT/MED	- TX - CAT/MED	- UT - CAT/MED	- VT - CAT/MED	- VA - CAT/MED	- WA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	N	Y	N	N	N	Y	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - MATERNAL AND CHILD HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- WV - CAT/MED	- WI - CAT/MED	- WY - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y
LIMITATIONS	N	Y	N
DAYS/UNITS PER PERIOD	N	N	N
PRIOR AUTHORIZATION	N	Y	N
DOLLAR THRESHOLD	N	Y	N
UNIT THRESHOLD	N	Y	N
PROCEDURE	N	Y	N
EXTENSION OF BENEFITS	N	N	N
OUT-OF-STATE PROVIDER	N	Y	N
ANY OTHER	N	N	N
SECOND OPINION	N	Y	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-13.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - MENTAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 7

COVERAGE AND LIMITATIONS	AL - CAT/MED 1	AK - CAT/MED 1	AZ - CAT/MED 1	AR - CAT/MED 1	CA - CAT/MED 1	CO - CAT/MED 1	CT - CAT/MED 1	DE - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	Y	Y	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	N	Y	Y	Y	N
LIMITATIONS	N	Y	Y	N	Y	N	Y	N
DAYS/UNITS PER PERIOD	N	N	Y	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	Y	N	Y	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	Y	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	Y	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	Y	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	Y	N	N	N	N	N	N

223

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-13.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - MENTAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 7

COVERAGE AND LIMITATIONS	DC - CAT/MED	FL - CAT/MED	GA - CAT/MED	HI - CAT/MED	ID - CAT/MED 1	IL - CAT/MED	IN - CAT/MED 1	IA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	N	Y	Y	Y	Y	Y	Y
LIMITATIONS	N	N	Y	Y	Y	Y	N	Y
DAYS/UNITS PER PERIOD	N	N	N	Y	Y	N	N	Y
PRIOR AUTHORIZATION	N	N	N	Y	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	Y	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	Y	N	N

224

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-13.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - MENTAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

COVERAGE AND LIMITATIONS	- KS - CAT/MED	- KY - CAT/MED	- LA - CAT/MED	- ME - CAT/MED	- MD - CAT/MED	- MA - CAT/MED	- MI - CAT/MED	- MN - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y
DAYS/UNITS PER PERIOD	Y	N	N	N	N	N	N	Y
PRIOR AUTHORIZATION	Y	N	N	N	N	N	N	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	Y	N	N	N	N	N	N	N
PROCEDURE	Y	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	Y	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	Y
ANY OTHER	Y	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	Y
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	Y

225

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-13.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - MENTAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 7

COVERAGE AND LIMITATIONS	MS - CAT/MED 1	MO - CAT/MED 1	MT - CAT/MED 1	NE - CAT/MED 1	NV - CAT/MED 1	NH - CAT/MED 1	NJ - CAT/MED 1	NM - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	Y	Y	Y	Y	Y	Y	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N	Y	Y	Y	Y	Y	Y	N
LIMITATIONS	N	Y	Y	Y	Y	Y	Y	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	Y	N	N
PRIOR AUTHORIZATION	N	N	N	Y	Y	Y	Y	N
DOLLAR THRESHOLD	N	N	N	N	N	Y	Y	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	Y	N	N
OUT-OF-STATE PROVIDER	N	N	N	Y	Y	Y	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	N	Y	N	N	N

226

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-13.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - MENTAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 7

COVERAGE AND LIMITATIONS	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED 1	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	Y	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	Y	N	N	Y	N
SERVICE PROVIDED	Y	Y	N	Y	N	N	Y	N
LIMITATIONS	N	Y	N	Y	N	N	Y	N
DAYS/UNITS PER PERIOD	N	Y	N	Y	N	N	Y	N
PRIOR AUTHORIZATION	N	Y	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	Y	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

227

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-13.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - MENTAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 7

COVERAGE AND LIMITATIONS	- SC - CAT/MED 1	- SD - CAT/MED 1	- TN - CAT/MED	- TX - CAT/MED	- UT - CAT/MED	- VT - CAT/MED	- VA - CAT/MED	- WA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	N	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	N	Y	Y	N
SERVICE PROVIDED	Y	Y	Y	Y	N	Y	Y	N
LIMITATIONS	Y	N	Y	Y	Y	N	Y	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	Y	N
PRIOR AUTHORIZATION	Y	N	N	N	N	N	Y	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

228

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-13.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - MENTAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 7 OF 7

COVERAGE AND LIMITATIONS	- WV - CAT/MED	- WI - CAT/MED	- WV - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y
LIMITATIONS	N	Y	N
DAYS/UNITS PER PERIOD	N	N	N
PRIOR AUTHORIZATION	N	Y	N
DOLLAR THRESHOLD	N	Y	N
UNIT THRESHOLD	N	Y	N
PROCEDURE	N	N	N
EXTENSION OF BENEFITS	N	N	N
OUT-OF-STATE PROVIDER	N	Y	N
ANY OTHER	N	N	N
SECOND OPINION	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	Y	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-14.

CLINIC SERVICES - ALCOHOL AND SUBSTANCE ABUSE CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 7

COVERAGE AND LIMITATIONS	- AL - CAT/MED 1	- AK - CAT/MED 1	- AZ - CAT/MED 1	- AR - CAT/MED 1	- CA - CAT/MED 1	- CO - CAT/MED 1	- CT - CAT/MED 1	- DE - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

230

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-14.

CLINIC SERVICES - ALCOHOL AND SUBSTANCE ABUSE CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 7

COVERAGE AND LIMITATIONS	DC - CAT/MED	FL - CAT/MED	GA - CAT/MED	HI - CAT/MED	ID - CAT/MED 1	IL - CAT/MED	IN - CAT/MED 1	IA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	N	N	N	Y	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	N	N	N	N	N	Y	N
LIMITATIONS	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

231

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-14.

CLINIC SERVICES - ALCOHOL AND SUBSTANCE ABUSE CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

COVERAGE AND LIMITATIONS	KS	KY	LA	ME	MD	MA	MI	MN
	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED
PROVIDED FOR PREGNANCY RLTD	Y	Y	Y	N	Y	Y	Y*	Y
AND POSTPARTUM CARE	Y	Y	Y	N	Y	Y	Y*	Y
PROVIDED FOR OTHER CONDITNS	Y	Y	Y	N	Y	Y	Y*	Y
THAT MAY COMPLICATE PRGNCY	Y	Y	Y	N	Y	Y	Y*	Y
SERVICE PROVIDED	Y	Y	N	N	N	N	N*	Y
LIMITATIONS	Y	N	N	N	N	N	N*	Y
DAYS/UNITS PER PERIOD	Y	N	N	N	N	N	N*	Y
PRIOR AUTHORIZATION	Y	N	N	N	N	N	N*	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N*	N
UNIT THRESHOLD	N	N	N	N	N	N	N*	N
PROCEDURE	N	N	N	N	N	N	N*	N
EXTENSION OF BENEFITS	Y	N	N	N	N	N	N*	N
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N*	Y
ANY OTHER	N	N	N	N	N	N	N*	N
SECOND OPINION	N	N	N	N	N	N	N*	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N*	N

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TABLE 3-14.

CLINIC SERVICES - ALCOHOL AND SUBSTANCE ABUSE CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	MS	CAT/MED 1	MO	CAT/MED 1	MT	CAT/MED 1	NE	CAT/MED 1	NV	CAT/MED 1	NH	CAT/MED 1	NJ	CAT/MED 1	NM
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	N	N	N	Y	Y	Y	N	N	N	Y	N	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY	N	N	Y	N	N	N	Y	Y	Y	N	N	N	Y	N	N
SERVICE PROVIDED	N	N	Y	N	N	N	Y	Y	Y	N	N	N	Y	N	N
LIMITATIONS	N	N	Y	N	N	N	Y	Y	Y	N	N	N	Y	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	Y	N	Y	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	Y	N	N	N	Y	N	Y	N	N	N	Y	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N
PROCEDURE	N	N	N	N	N	N	Y	N	Y	N	N	N	Y	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N
ANY OTHER	N	N	Y	N	N	N	N	N	N	N	N	N	Y	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	Y	N	Y	N	N	N	Y	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-14.

CLINIC SERVICES - ALCOHOL AND SUBSTANCE ABUSE CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 7

COVERAGE AND LIMITATIONS	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	Y	N	N	Y	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	N	Y	N	N	Y	N
LIMITATIONS	N	N	N	Y	N	N	Y	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	Y	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	Y	N
DOLLAR THRESHOLD	N	N	N	N	N	N	Y	N
UNIT THRESHOLD	N	N	N	N	N	N	Y	N
PROCEDURE	N	N	N	N	N	N	Y	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-14.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - ALCOHOL AND SUBSTANCE ABUSE CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 7

COVERAGE AND LIMITATIONS	- SC - CAT/MED 1	- SD - CAT/MED 1	- TN - CAT/MED	- TX - CAT/MED	- UT - CAT/MED	- VT - CAT/MED	- VA - CAT/MED	- WA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	Y	Y	N	N	N
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N	N	Y	Y	Y	N	N	N
LIMITATIONS	N	N	Y	Y	Y	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	Y	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	Y	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-14.

CLINIC SERVICES - ALCOHOL AND SUBSTANCE ABUSE CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 7 OF 7

COVERAGE AND LIMITATIONS

	- WV -	- WI -	- WY -	
	CAT/MED	CAT/MED	CAT/MED	1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	N
SERVICE PROVIDED	Y	Y	Y	N
LIMITATIONS	N	Y	Y	N
DAYS/UNITS PER PERIOD	N	N	N	N
PRIOR AUTHORIZATION	N	Y	N	N
DOLLAR THRESHOLD	N	Y	Y	N
UNIT THRESHOLD	N	Y	Y	N
PROCEDURE	N	Y	Y	N
EXTENSION OF BENEFITS	N	N	N	N
OUT-OF-STATE PROVIDER	N	Y	Y	N
ANY OTHER	N	N	N	N
SECOND OPINION	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	Y	Y	N

236

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-15.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - BIRTHING CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 7

COVERAGE AND LIMITATIONS	- AL - CAT/MED 1	- AK - CAT/MED 1	- AZ - CAT/MED 1	- AR - CAT/MED 1	- CA - CAT/MED 1	- CO - CAT/MED 1	- CT - CAT/MED 1	- DE - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-15.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - BIRTHING CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 7

COVERAGE AND LIMITATIONS	- DC - CAT/MED	- FL - CAT/MED	- GA - CAT/MED	- HI - CAT/MED	- ID - CAT/MED 1	- IL - CAT/MED	- IN - CAT/MED 1	- IA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	N	N	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	N	N	N	Y	Y
LIMITATIONS	N	Y	Y	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	Y	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	Y	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	Y	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

238

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-15.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - BIRTHING CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

COVERAGE AND LIMITATIONS	- KS - CAT/MED	- KY - CAT/MED	- LA - CAT/MED	- ME - CAT/MED	- MD - CAT/MED	- MA - CAT/MED	- MI - CAT/MED	- MN - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	N	Y	N	N
PROVIDED FOR OTHER CONDNTNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	N	N	N	Y	N	N
LIMITATIONS	Y	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	Y	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

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TABLE 3-15.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - BIRTHING CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 7

COVERAGE AND LIMITATIONS	- MS - CAT/MED 1	- MO - CAT/MED 1	- MT - CAT/MED	- NE - CAT/MED	- NV - CAT/MED 1	- NH - CAT/MED	- NJ - CAT/MED	- NM - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	Y	N
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N	N	N	N	N	N	Y	N
LIMITATIONS	N	N	N	N	N	N	Y	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	Y	N
DOLLAR THRESHOLD	N	N	N	N	N	N	Y	N
UNIT THRESHOLD	N	N	N	N	N	N	Y	N
PROCEDURE	N	N	N	N	N	N	Y	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	Y	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	Y	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	Y	N

240

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-15.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - BIRTHING CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 7

COVERAGE AND LIMITATIONS	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	Y	N	N	Y	N	Y	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY	N	Y	N	N	Y	N	Y	N
SERVICE PROVIDED	N	Y	N	N	Y	N	Y	N
LIMITATIONS	N	Y	N	N	Y	N	Y	N
DAYS/UNITS PER PERIOD	N	N	N	N	Y	N	N	N
PRIOR AUTHORIZATION	N	Y	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	Y	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

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TABLE 3-15.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - BIRTHING CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 7

COVERAGE AND LIMITATIONS	- SC - CAT/MED 1	- SD - CAT/MED 1	- TN - CAT/MED	- TX - CAT/MED	- UT - CAT/MED	- VT - CAT/MED	- VA - CAT/MED	- WA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	N	Y	N	Y	N	N	N
LIMITATIONS	Y	N	Y	N	Y	N	N	N
DAYS/UNITS PER PERIOD	N	N	Y	N	N	N	N	N
PRIOR AUTHORIZATION	Y	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	Y	N	N	N

242

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - BIRTHING CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- WV - CAT/MED	- WI - CAT/MED	- WV - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	N	N
LIMITATIONS	N	N	N
DAYS/UNITS PER PERIOD	N	N	N
PRIOR AUTHORIZATION	N	N	N
DOLLAR THRESHOLD	N	N	N
UNIT THRESHOLD	N	N	N
PROCEDURE	N	N	N
EXTENSION OF BENEFITS	N	N	N
OUT-OF-STATE PROVIDER	N	N	N
ANY OTHER	N	N	N
SECOND OPINION	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N

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TABLE 3-16.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - AMBULATORY SURGICAL CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 7

COVERAGE AND LIMITATIONS	AL	AK	AZ	AR	CA	CO	CT	DE
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	Y	Y	Y	N	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	N	N	Y	Y	Y	N	N
LIMITATIONS	Y	N	N	Y	Y	Y	N	N
DAYS/UNITS PER PERIOD	Y	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	Y	Y	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	Y	Y	N	N
EXTENSION OF BENEFITS	N	N	N	N	Y	Y	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	Y	N	Y	N	N

244

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TABLE 3-16.

HCFA STATE PROFILE DATA SYSTEM

PAGE 2 OF 7

CLINIC SERVICES - AMBULATORY SURGICAL CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- DC - CAT/MED	- FL - CAT/MED	- GA - CAT/MED	- HI - CAT/MED	- ID - CAT/MED	- IL - CAT/MED	- IN - CAT/MED	- IA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	Y	Y	N	Y	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	Y	Y	N	Y	N	Y	Y
SERVICE PROVIDED	N	Y	Y	N	Y	N	Y	Y
LIMITATIONS	N	Y	Y	N	Y	N	Y	Y
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	Y	N	N	N	N	N	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	Y	N	N	N	N	N	Y
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	Y	N	N	Y	N	N	N

245

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-16.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - AMBULATORY SURGICAL CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

COVERAGE AND LIMITATIONS	- KS - CAT/MED	- KY - CAT/MED	- LA - CAT/MED	- ME - CAT/MED	- MD - CAT/MED	- MA - CAT/MED	- MI - CAT/MED	- MN - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	N	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	N	Y
LIMITATIONS	Y	N	Y	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	N	Y	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	Y	N	Y	N	N	N	N	N
EXTENSION OF BENEFITS	Y	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	Y	N	Y	N	N	N	N	N

246

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-16.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - AMBULATORY SURGICAL CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 7

	MS	MO	MT	NE	NV	NH	NJ	NM	
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	
COVERAGE AND LIMITATIONS	Y	N	Y	Y	Y	N	Y	Y	N
PROVIDED FOR PREGNANCY RLTD	Y	N	Y	Y	Y	N	Y	Y	N
AND POSTPARTUM CARE	Y	N	Y	Y	Y	N	Y	Y	N
PROVIDED FOR OTHER COND'TNS	Y	N	Y	Y	Y	N	Y	Y	N
THAT MAY COMPLICATE PRGNCY	Y	N	Y	Y	Y	N	Y	Y	N
SERVICE PROVIDED	Y	N	Y	Y	Y	N	Y	Y	N
LIMITATIONS	N	N	Y	N	Y	N	Y	Y	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	Y	N	N	Y	N	Y	Y	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N
PROCEDURE	N	Y	N	N	Y	N	Y	Y	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	Y	N	N	Y	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	Y	Y	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	N	Y	N	Y	Y	N

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TABLE 3-16.

HCFA STATE PROFILE DATA SYSTEM
 CLINIC SERVICES - AMBULATORY SURGICAL CENTERS: COVERAGE AND LIMITATIONS
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED 1	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	Y	Y	N	Y	N
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	N	Y	Y	N	Y	N
LIMITATIONS	N	Y	N	N	Y	N	Y	N
DAYS/UNITS PER PERIOD	N	N	N	N	Y	N	N	N
PRIOR AUTHORIZATION	N	Y	N	N	N	N	Y	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	Y	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	Y	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	Y	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	Y	N	Y	N

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TABLE 3-16.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - AMBULATORY SURGICAL CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 7

	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
COVERAGE AND LIMITATIONS	CAT/MED 1	CAT/MED 1	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED	CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	Y	Y	N	Y	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	Y	Y	N	Y	N
SERVICE PROVIDED	Y	N	Y	Y	Y	N	Y	N
LIMITATIONS	Y	N	Y	Y	Y	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	N	Y	Y	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	Y	Y	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	N	Y	N	N	N

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TABLE 3-16.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - AMBULATORY SURGICAL CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 7 OF 7

COVERAGE AND LIMITATIONS	- WV - CAT/MED	- WI - CAT/MED	- WY - CAT/MED	1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	N
LIMITATIONS	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N
UNIT THRESHOLD	N	N	N	N
PROCEDURE	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N
ANY OTHER	N	N	N	N
SECOND OPINION	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N

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TABLE 3-17.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - END STAGE RENAL DISEASE FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 7

COVERAGE AND LIMITATIONS	AL - CAT/MED 1	AK - CAT/MED 1	AZ - CAT/MED 1	AR - CAT/MED 1	CA - CAT/MED	CO - CAT/MED 1	CT - CAT/MED	DE - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	Y	N	N	Y
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N	N	N	Y	Y	N	N	Y
LIMITATIONS	N	N	N	N	Y	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	Y	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	Y	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	Y	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

251

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-17.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - END STAGE RENAL DISEASE FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 7

COVERAGE AND LIMITATIONS	DC - CAT/MED	FL - CAT/MED	GA - CAT/MED	HI - CAT/MED	ID - CAT/MED 1	IL - CAT/MED	IN - CAT/MED 1	IA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	N	N	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	N	N	N	Y	N
SERVICE PROVIDED	Y	N	Y	N	N	N	Y	N
LIMITATIONS	N	N	Y	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	N	N	N	N	N

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TABLE 3-17.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - END STAGE RENAL DISEASE FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

COVERAGE AND LIMITATIONS	KS - CAT/MED	KY - CAT/MED	LA - CAT/MED	ME - CAT/MED	MD - CAT/MED	MA - CAT/MED	MI - CAT/MED	MN - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	N	Y	Y	N	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	N	Y	Y	N	N
LIMITATIONS	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

253

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TABLE 3-17.

HCFA STATE PROFILE DATA SYSTEM

PAGE 4 OF 7

CLINIC SERVICES - END STAGE RENAL DISEASE FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	MS - CAT/MED 1	MO - CAT/MED 1	MT - CAT/MED 1	NE - CAT/MED 1	NV - CAT/MED 1	NH - CAT/MED 1	NJ - CAT/MED 1	NM - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	Y	Y	N	Y	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N	N	Y	Y	Y	N	Y	Y
LIMITATIONS	N	N	Y	N	Y	N	N	Y
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	Y
PRIOR AUTHORIZATION	N	N	N	N	Y	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	Y	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	N	Y	N	N	N

254

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TABLE 3-17.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - END STAGE RENAL DISEASE FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 7

COVERAGE AND LIMITATIONS	NY - CAT/MED	NC - CAT/MED	ND - CAT/MED	OH - CAT/MED	OK - CAT/MED	OR - CAT/MED	PA - CAT/MED	RI - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	Y	N	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	Y	Y	N	Y	N
SERVICE PROVIDED	Y	Y	N	Y	Y	N	Y	N
LIMITATIONS	N	Y	N	N	Y	N	Y	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	Y	N
PRIOR AUTHORIZATION	N	Y	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	Y	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	Y	N	N	N

255

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-17.

HCFA STATE PROFILE DATA SYSTEM

PAGE 6 OF 7

CLINIC SERVICES - END STAGE RENAL DISEASE FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

COVERAGE AND LIMITATIONS	- SC - CAT/MED 1	- SD - CAT/MED 1	- TN - CAT/MED	- TX - CAT/MED	- UT - CAT/MED	- VT - CAT/MED	- VA - CAT/MED	- WA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	N	Y	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

256

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-17.

CLINIC SERVICES - END STAGE RENAL DISEASE FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 7 OF 7

COVERAGE AND LIMITATIONS	- WV - CAT/MED	- WI - CAT/MED	- WY - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y
LIMITATIONS	N	N	N
DAYS/UNITS PER PERIOD	N	N	N
PRIOR AUTHORIZATION	N	N	N
DOLLAR THRESHOLD	N	N	N
UNIT THRESHOLD	N	N	N
PROCEDURE	N	N	N
EXTENSION OF BENEFITS	N	N	N
OUT-OF-STATE PROVIDER	N	N	N
ANY OTHER	N	N	N
SECOND OPINION	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-18.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - MR/DAY TREATMENT FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 7

COVERAGE AND LIMITATIONS	AL	AK	AZ	AR	CA	CO	CT	DE
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

258

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-18.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - MR/DAY TREATMENT FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 7

COVERAGE AND LIMITATIONS	- DC - CAT/MED	- FL - CAT/MED	- GA - CAT/MED	- HI - CAT/MED	- ID - CAT/MED 1	- IL - CAT/MED	- IN - CAT/MED 1	- IA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	N	N	N	Y	Y
PROVIDED FOR OTHER COND'TNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	N	N	N	N	N	Y	Y
LIMITATIONS	N	N	N	N	N	N	Y	Y
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	Y	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

259

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-18.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - MR/DAY TREATMENT FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

COVERAGE AND LIMITATIONS	- KS - CAT/MED	- KY - CAT/MED	- LA - CAT/MED	- ME - CAT/MED	- MD - CAT/MED	- MA - CAT/MED	- MI - CAT/MED	- MN - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N	N	N	N	N	Y	N	N
LIMITATIONS	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

260

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Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDED PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDED & THE MEDICALLY NEEDED

TABLE 3-18.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - MR/DAY TREATMENT FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 7

	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1	CAT/MED 1
COVERAGE AND LIMITATIONS	N	N	N	N	N	N	N	N
PROVIDED FOR PREGNANCY RLTD	N	N	N	N	N	N	N	N
AND POSTPARTUM CARE	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDITNS	N	N	N	N	N	N	N	N
THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-18.

CLINIC SERVICES - MR/DAY TREATMENT FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 7

COVERAGE AND LIMITATIONS	- NY - CAT/MED	- NC - CAT/MED	- ND - CAT/MED	- OH - CAT/MED	- OK - CAT/MED	- OR - CAT/MED	- PA - CAT/MED	- RI - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	N	N	N	N	Y	N	N
LIMITATIONS	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

262

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-18.

HCFA STATE PROFILE DATA SYSTEM
CLINIC SERVICES - MR/DAY TREATMENT FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 7

COVERAGE AND LIMITATIONS	SC - CAT/MED 1	SD - CAT/MED 1	TN - CAT/MED 1	TX - CAT/MED	UT - CAT/MED	VT - CAT/MED	VA - CAT/MED	WA - CAT/MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	N	N	N	N	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	N	N	Y	N	N	N	N	N
LIMITATIONS	N	N	Y	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N

263

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-18.

CLINIC SERVICES - MR/DAY TREATMENT FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 7 OF 7

COVERAGE AND LIMITATIONS	- WV - CAT/MED	- WI - CAT/MED	- WY - CAT/MED 1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N
PROVIDED FOR OTHER CONDITNS THAT MAY COMPLICATE PRGNCY SERVICE PROVIDED	Y	N	N
LIMITATIONS	N	N	N
DAYS/UNITS PER PERIOD	N	N	N
PRIOR AUTHORIZATION	N	N	N
DOLLAR THRESHOLD	N	N	N
UNIT THRESHOLD	N	N	N
PROCEDURE	N	N	N
EXTENSION OF BENEFITS	N	N	N
OUT-OF-STATE PROVIDER	N	N	N
ANY OTHER	N	N	N
SECOND OPINION	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N

264

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO

1 = STATE DOES NOT HAVE A MEDICALLY NEEDED PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDED & THE MEDICALLY NEEDED

Section 4: Payment for Non-Institutional Services

Table 4-1.	Payment for Prescribed Drugs by Payment Methodology and Dispensing Fee	270
Table 4-2.	Payment Methodology for Physicians Services	272
Table 4-3.	States with Disproportionate Share Payments and/or Donations & Taxes Programs for Non-Institutional Services	276
Table 4-4.	States with Disproportionate Share Payments by Non-Institutional Service or Donation and Taxes Programs by Service Type	277

SECTION 4: MEDICAID PAYMENT FOR NON-INSTITUTIONAL SERVICES

Data on Medicaid Payment for Non-Institutional Services are abstracted from the approved State plan (section 4.19-B) and pending SPAs. The State plan identifies payment methodologies only, not the source of funds used by the State.

The data on disproportionate share (DSH) payments, and donations and taxes programs in Tables 4-3 and 4-4 are not from the State plan, HCFA regional offices collected these data from the States for the spDATA publication.

The Medicaid program in Arizona is operated under a waiver and is administered by the Arizona Health Care Cost Containment System (AHCCCS), a coordinated care program. The majority of non-institutional services are provided through contracting health plans which are paid a capitated amount by AHCCCS for providing care.

Under Federal Medicaid statute and regulation, States retain primary authority to develop provider payment methods and rates. There are, however, three general Federal requirements governing reimbursement that apply to all services. First, payments must be sufficient to ensure that services are as available to Medicaid recipients as to the general population. Second, the Medicaid payment rate must be accepted by providers as payment in full; balance billing of Medicaid recipients is not allowed. Third, State payment methods must be consistent with efficiency, economy, and quality of care.

The tables in this section present State policies for reimbursing selected non-institutional providers.

Payment for Prescribed Drugs:

Medicaid payment methodologies for prescribed drugs were initially addressed in Federal regulations promulgated in 1976. These regulations authorized HCFA to set upper payment limits for Medicaid services and for prescribed drugs. Medicaid payment for prescribed drugs is based upon the lower of the pharmacy's usual and customary charge for the drug, or the estimated purchasing price of the drug, plus a predetermined dispensing fee. The regulations provided that the payment amount for prescribed drugs is not to exceed the lowest of the following (42 CFR 447.332):

- The estimated acquisition cost (EAC) of the drug (the price usually paid by providers for a particular drug), plus a reasonable dispensing fee, or
- the provider's usual and customary charge to the public for the drug.

The payment provisions established in 1976 were updated in 1987 by Federal regulations that sought to grant States greater flexibility in administering the Medicaid payment program for prescribed drugs, and to allow States the opportunity to take advantage of savings now available in the marketplace for multiple-source drugs.

In order to take advantage of these savings, HCFA adopted a Federal maximum upper limit standard for certain multiple-source drugs based upon the use of a specific formula. A multiple-source drug is a drug that is marketed or sold by two or more manufacturers or labelers or a drug that is marketed or sold by one manufacturer or labeler but has

two or more proprietary names. The specific formula is equal to 150 percent of the published price for the least costly therapeutic equivalent drug that pharmacists can purchase in the most commonly purchased quantities (such as 100 tablets or capsules), plus a reasonable dispensing fee.

The 1987 regulations stipulate that for other drugs (drugs not classified as multiple-source drugs) the State must provide payment that cannot exceed in the aggregate the lower of the EAC standard plus a reasonable dispensing fee or the provider's usual and customary charge to the public. In addition, a State may choose to use its own standard as long as its aggregate expenditures do not exceed the expenditures of the EAC standard.

Other drugs include brand name drugs certified by the physician as medically necessary, multiple-source drugs not subject to the 150-percent formula, or drugs available through only one manufacturer or listed under one name. SpDATA Table 4-1 lists each State's adopted payment methodology for prescribed drugs and corresponding dispensing fees.

Although the Omnibus Budget Reconciliation Act of 1990 (OBRA-90) did not affect the payment methodologies for prescribed drugs it did affect State and Federal expenditures for prescribed drugs. Section 4401 of OBRA-90 mandated a program of rebates from drug manufacturers to the States. The rebate program went into effect January 1, 1991.

Payment for Physician Services

Table 4-2.1 identifies the physician payment methods in each State. Under Medicaid statute, States are able to establish the unit of payment for physician services. For physicians, State Medicaid programs typically pay for an encounter (e.g., office visit) and set different rates based on the length of encounter (e.g., brief office visit, intermediate office visit). States may also negotiate rates with specific providers.

When a State reimburses a physician using a fee schedule the physician receives an established rate for a specific service or procedure. The fee schedule rate for a particular service or procedure is typically based on historical cost or charge data. States can choose the source of the data used to establish the fee schedule and can choose when and how to update the fee schedule. States typically base the Medicaid fee schedule on either the Medicare fee schedule or a fee schedule they developed themselves. Table 4-2.1 shows which States use a fee schedule, States which base the fee schedule on State data, the year in which the fee schedule was updated, and States that use the Medicare fee schedule.

A second type of physician payment is the relative value system. Under the relative value system, a scale is developed by assigning a numerical value to physician procedures relative to other physician procedures. The relative value factor is then multiplied by a dollar value to establish the fee for a procedure or service. States can develop their own relative value systems or use an existing system, such as the California or Nevada relative value scales or the Medicare resource-based relative value system.

State Medicaid programs can also pay physicians based on the amount that the physician charges for a service or procedure. As with other physician payment methods, States can establish the source and basis for reimbursement. Charge methods may be based on the

Medicare limit or the lower of the prevailing charges in a geographic area, the physician's customary charge, the actual billed charge, or some other method. Also, States can establish the payment amount by designating that payment be limited to a specified percentage of charges.

Another physician payment method is based on the costs associated with the provision of a service or procedure (Table 4-2.2). Under this methodology, the State can define the reasonable costs incurred by a physician related to delivering a service. Costs can be defined and computed using Medicare determined reasonable standards or the State can establish its own definition. Irrespective of the basis for defining costs, States can set payment based on a specified percentage of costs.

States may use a prospective system to establish rates prior to the beginning of the rate year. Table 4-2.2 shows the base year and the trend factor percentage for the States with a prospective system. The trend factor is the percentage used to account for inflation when setting payment rates prospectively.

Tables 4-3 and 4-4 identify States having disproportionate share payments and/or provider donations and tax programs for non-institutional providers.

- Disproportionate Share Payments (DSP)--DSP are payments made to providers that serve a higher than average number of Medicaid and other low-income patients.
- Donations Programs--Donations programs are funds derived by the States from providers, which States then use as the State share of Medicaid payments. Generally, States then increase Medicaid payments to reimburse providers for the donations paid.
- Taxes Programs--Through taxes programs, States levy taxes exclusively on providers, then use this revenue as the State share of Medicaid payments.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR PRESCRIPTION DRUGS BY METHODOLOGY AND DISPENSING FEE
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

STATE	HCFA LIMITS & EAC %	STATE LIMITS	DISPENSE FEE RANGE (FROM \$. TO \$.)	DSP DRUGS	D & T PROGRAMS
ALABAMA	9.20*	Y*	1.21*	N	T*
ALASKA	N	N	3.45	N	N
ARIZONA	N	Y	0.00	N	N
ARKANSAS	10.50	Y	4.17	N	N
CALIFORNIA	10.00	Y	0.00	N	N
COLORADO	10.00	Y	2.29	N	N
CONNECTICUT	8.00	Y	4.10	N	N
DELAWARE	5.61	N	3.65	N	N
DIST OF COL	1.50	U	4.25	N	N
FLORIDA	7.00*	N	4.23*	N*	N*
GEORGIA	10.00	Y	4.11	N	N
HAWAII	N	Y	0.00	N	N
IDAHO	N	Y	4.30	N	N
ILLINOIS	N	Y	3.65	N	N
INDIANA	10.00	Y	4.00	N	N
IOWA	10.00	Y	6.25	N	N
KANSAS	10.00	Y	0.00	N	N
KENTUCKY	10.00	Y	4.75	N	T
LOUISIANA	10.50	Y	5.00	N	N
MAINE	5.00	Y	3.35	N	N
MARYLAND	N	Y	4.94	N	T
MASSACHUSETTS	10.00	Y	0.00	N	N
MICHIGAN	N	Y	0.00	N	N
MINNESOTA	90.00	Y	4.40	N	N
MISSISSIPPI	10.00	N	2.10*	N	N
MISSOURI	10.43	Y	0.00	N	N
MONTANA	10.00	Y	0.00	N	N
NEBRASKA	8.71	Y	2.82	N	N
NEVADA	10.00	Y	4.84	N	N
NEW HAMPSHIRE	10.00	Y	3.25	N	N
NEW JERSEY	6.00	N	3.73	N	N
NEW MEXICO	10.50	N	4.00	N	N
NEW YORK	N	Y*	0.00	N*	N
NORTH CAROLINA	10.00	N	5.60	N	N
NORTH DAKOTA	10.00	N	0.00	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

DSP = DISPROPORTIONATE SHARE PAYMENTS (NOT IN STATE PLAN)

D&T = DONATIONS & TAXES PROGRAMS: N = NO PROGRAMS, D = DONATIONS,

T = TAXES (NOT IN STATE PLAN)

NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT

BASES) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA

USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY

USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

NOTE: DISPENSING FEE RANGE INCLUDED IF IN STATE PLAN

TABLE 4-1. (CONT.)

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR PRESCRIPTION DRUGS BY METHODOLOGY AND DISPENSING FEE
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

STATE	HCFA LIMITS & EAC %	STATE LIMITS	DISPENSE FEE RANGE (FROM \$. TO \$.)	DSP DRUGS	D & T PROGRAMS
OHIO	N	Y	0.00	N	N
OKLAHOMA	10.50	Y	5.10	N	N
OREGON	0.00	Y	3.67	N	N
PENNSYLVANIA	N	Y	3.50	N	N
RHODE ISLAND	0.00	Y	2.85	N	N
SOUTH CAROLINA	9.50	Y	3.15	N	N
SOUTH DAKOTA	10.50	Y	0.00	N	N
TENNESSEE	8.00	N	3.91	N	N
TEXAS	10.49	Y	0.00	N	N
UTAH	12.00	Y	0.00	N	N
VERMONT	10.00	Y	4.25	N	N
VIRGINIA	9.00	N	4.40	N	N
WASHINGTON	11.00	Y	3.24	N	N
WEST VIRGINIA	12.00*	Y*	3.90*	N	N
WISCONSIN	N	Y	0.00	N	N
WYOMING	11.00	Y	0.00	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

DSP = DISPROPORTIONATE SHARE PAYMENTS (NOT IN STATE PLAN)

D&T = DONATIONS & TAXES PROGRAMS: N = NO PROGRAMS, D = DONATIONS, T = TAXES (NOT IN STATE PLAN)

NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%); DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC); AZ CAPITATED UNDER AHCCCS.

NOTE: DISPENSING FEE RANGE INCLUDED IF IN STATE PLAN

TABLE 4-2.1.

HCFA STATE PROFILE DATA SYSTEM
 PAYMENT METHODOLOGY FOR PHYSICIANS SERVICES
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 4

STATE	ENCOUNTER/ENCOUNTER LENGTH	RATES	EXISTS	STATE	UPDATE YR	MEDICARE	SCALE	OTHER
Y*	N*	N*	Y*	Y*	1993*	N*	N	N
ALABAMA	Y	Y	N	NA	NA	NA	N	N
ALASKA	Y	N	N	NA	NA	NA	N	N
ARIZONA	Y	N	Y	Y	NA	N	N	N
ARKANSAS	Y	N	Y	Y	1991	N	N	N
CALIFORNIA	Y	N	Y	Y	NA	N	CA	N
COLORADO	Y	N	N	NA	NA	NA	N	Y
CONNECTICUT	Y	N	Y	Y	1991	N	N	N
DELAWARE	Y	N	Y	Y	1991	Y	N	N
DIST OF COL	Y	N	Y	Y	NA	N	N	N
FLORIDA	Y	N	Y	Y	1991	N	N	N
GEORGIA	Y	N	Y	Y	NA	N	N	N
HAWAII	Y	N	N	NA	NA	NA	N	N
IDAHO	Y	N	Y	Y	NA	N	N	N
ILLINOIS	Y	N	Y	Y	1991	N	N	N
INDIANA	Y	N	Y	Y	NA	N	N	N
IOWA	Y	N	Y	Y	1991	N	N	N
KANSAS	Y	N	Y	Y	NA	N	N	N
KENTUCKY	Y	N	N	NA	NA	NA	N	N
LOUISIANA	N	N	Y	Y	NA	N	N	N
MAINE	Y	N	Y	NA	NA	Y	N	N
MARYLAND	Y	N	Y	Y	NA	N	N	N
MASSACHUSETTS	Y	N	Y	Y	NA	N	N	N
MICHIGAN	Y	N	Y	Y	NA	N	N	Y
MINNESOTA	Y	Y	Y	Y	NA	N	N	N
MISSISSIPPI	Y	N	Y	Y	1993*	N	N	N
MISSOURI	Y	N	Y	Y	NA	N	N	N
MONTANA	Y	N	Y	Y	1991	Y	N	N
NEBRASKA	Y	N	Y	Y	NA	N	N	N
NEVADA	Y	N	Y	Y	NA	Y	CA	N
NEW HAMPSHIRE	Y	N	Y	Y	1991	N	N	N
NEW JERSEY	Y	N	Y	Y	NA	N	N	N
NEW MEXICO	Y	N	Y	Y	1986	N	N	N
NEW YORK	Y	N	Y	Y	NA	N	N	N
NORTH CAROLINA	Y	Y	Y	Y	1982	N	N	N
NORTH DAKOTA	Y	N	Y	Y	1991	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: RVS (RELATIVE VALUE SCALE) SYSTEMS: CA = CALIFORNIA, NV = NEVADA,
 PAC = PRODUCTS OF AMBULATORY CARE

HCFA STATE PROFILE DATA SYSTEM
PAYMENT METHODOLOGY FOR PHYSICIANS SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

STATE	UNIT OF PAYMENT	ENCOUNTER/ENCOUNTER LENGTH	RATES	EXISTS	STATE	FEE SCHEDULE	UPDATE YR	MEDICARE	SCALE	RVS	OTHER
			NEGOTIATED								
OHIO	Y	N	N	Y	Y	NA		N	N	N	N
OKLAHOMA	N	N	N	Y	Y	1991		N	N	N	N
OREGON	Y	N	N	Y	N	NA		Y	N	N	N
PENNSYLVANIA	Y	N	N	Y	Y	1992		N	N	N	N
RHODE ISLAND	Y	N	Y	Y	Y	NA		N	N	N	N
SOUTH CAROLINA	Y	N	N	Y	Y	NA		N	CA	Y	Y
SOUTH DAKOTA	Y	N	N	Y	Y	1993		Y	N	N	N
TENNESSEE	Y	N	N	Y	Y	NA		N	N	N	N
TEXAS	Y	N	N	Y	NA	NA		N	CA	N	N
UTAH	Y	N	N	Y	Y	1992		N	N	Y	Y
VERMONT	Y	N	N	Y	Y	1991		N	N	N	N
VIRGINIA	Y	N	N	Y	Y	1991		N	N	N	N
WASHINGTON	Y	N	N	Y	Y	1991		N	N	N	N
WEST VIRGINIA	N	N	N	N	NA	NA		NA	PAC	N	N
WISCONSIN	Y	N	N	Y	Y	NA		N	N	N	N
WYOMING	Y	N	N	Y	Y	NA		N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NOTE: RVS (RELATIVE VALUE SCALE) SYSTEMS: CA = CALIFORNIA, NV = NEVADA,
PAC = PRODUCTS OF AMBULATORY CARE

HCFA STATE PROFILE DATA SYSTEM
PAYMENT METHODOLOGY FOR PHYSICIANS SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

STATE	CHARGES MEDICARE %BILLED	OTHER	REASONABLE COSTS STATE MEDICARE %BILLED	PROSPECTIVE BASE YEAR	TREND FACTOR	OTHER PAYMENT METHOD
ALABAMA	N*	N	N	NA	NA	N
ALASKA	NA	Y	N	NA	NA	N
ARIZONA	NA	Y	N	NA	NA	N
ARKANSAS	NA	N	N	NA	NA	N
CALIFORNIA	NA	N	N	NA	NA	N
COLORADO	NA	Y	N	NA	NA	N
CONNECTICUT	NA	Y	N	NA	NA	N
DELAWARE	NA	Y	N	NA	NA	N
DIST OF COL	NA	N	N	NA	NA	N
FLORIDA	NA	N	N	NA	NA	N
GEORGIA	NA	Y	N	NA	NA	N
HAWAII	NA	Y	N	NA	NA	N
IDAHO	NA	N	Y	NA	NA	N
ILLINOIS	NA	N	N	NA	NA	N
INDIANA	NA	Y	Y	NA	NA	N
IOWA	NA	N	N	NA	NA	N
KANSAS	NA	N	N	NA	NA	N
KENTUCKY	100.00	Y	N	NA	NA	Y
LOUISIANA	NA	N	N	NA	NA	N
MAINE	NA	Y	N	NA	NA	N
MARYLAND	NA	N	N	NA	NA	N
MASSACHUSETTS	NA	N	N	NA	NA	N
MICHIGAN	NA	N	Y	NA	NA	N
MINNESOTA	NA	N	Y	NA	NA	N
MISSISSIPPI	NA	N	N	NA	NA	N
MISSOURI	NA	N	N	NA	NA	N
MONTANA	65.20	Y	N	NA	NA	N
NEBRASKA	NA	N	N	NA	NA	N
NEVADA	NA	Y	N	NA	NA	N
NEW HAMPSHIRE	NA	N	Y	NA	NA	N
NEW JERSEY	NA	N	N	NA	NA	N
NEW MEXICO	NA	N	N	NA	NA	N
NEW YORK	NA	N	N	NA	NA	Y
NORTH CAROLINA	NA	N	N	NA	NA	Y
NORTH DAKOTA	NA	Y	N	NA	NA	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: RVS (RELATIVE VALUE SCALE) SYSTEMS: CA = CALIFORNIA, NV = NEVADA,
PAC = PRODUCTS OF AMBULATORY CARE

TABLE 4-2.2. (CONT.)

HCFA STATE PROFILE DATA SYSTEM
PAYMENT METHODOLOGY FOR PHYSICIANS SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 4

STATE	CHARGES MEDICARE %BILLED	OTHER	REASONABLE COSTS STATE MEDICARE %BILLED	PROSPECTIVE BASE YEAR	TREND FACTOR	OTHER PAYMENT METHOD
OHIO	N	NA	Y	NA	NA	N
OKLAHOMA	N	NA	N	NA	NA	N
OREGON	N	NA	Y	NA	NA	N
PENNSYLVANIA	N	NA	N	NA	NA	N
RHODE ISLAND	N	NA	N	NA	NA	N
SOUTH CAROLINA	N	NA	N	NA	NA	Y
SOUTH DAKOTA	N	40.00	Y	NA	NA	N
TENNESSEE	N	NA	N	NA	NA	N
TEXAS	N	NA	Y	NA	NA	N
UTAH	N	NA	Y	NA	NA	Y
VERMONT	N	NA	N	NA	NA	N
VIRGINIA	N	0.00	Y	NA	NA	N
WASHINGTON	N	NA	N	NA	NA	Y
WEST VIRGINIA	N	0.00	N	0.00	0.00	N
WISCONSIN	N	NA	Y	NA	NA	N
WYOMING	N	70.00	Y	NA	NA	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: RVS (RELATIVE VALUE SCALE) SYSTEMS: CA = CALIFORNIA, NV = NEVADA,

PAC = PRODUCTS OF AMBULATORY CARE

HCFA STATE PROFILE DATA SYSTEM
STATES WITH DISPROPORTIONATE SHARE PAYMENTS AND/OR
DONATIONS AND TAXES PROGRAMS FOR NON-INSTITUTIONAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

STATE	< < DISPROPORTIONATE SHARE PAYMENTS > >				< < < DONATIONS AND TAXES PROGRAMS > > >						
	--- FUNDING SOURCE ---		--- GENERAL ---		--- TYPE OF PROGRAM ---		--- USE OF PROCEEDS ---				
	--- PROVIDER ---	--- DONATIONS TAXES ---	--- TAXES ---	--- REVENUE ---	--- OTHER SOURCE ---	DONATIONS TAXES	OTHER	DSP	EXPAND	OTHER	NON
								PGM	MEDICD	MEDICD	MEDICD
ALABAMA	N	N	N	N	N	N	Y	N	Y	Y	Y
ARKANSAS	N	N	N	N	N	N	Y	Y	Y	N	N
FLORIDA	N	N	N	N	N	N	Y	Y	Y	N	N
GEORGIA	N	N	N	N	N	Y	N	N	N	N	N
KENTUCKY	N	N	N	N	N	N	Y	N	Y	Y	Y
MARYLAND	N	N	N	N	N	N	Y	N	N	Y	N
MICHIGAN	Y	N	N	N	Y	Y	N	Y	N	N	Y
MINNESOTA	N	N	N	N	N	N	Y	Y	Y	N	N
MISSISSIPPI	N	N	N	N	N	N	Y	N	Y	N	N
NEBRASKA	N	N	N	N	N	N	Y	N	Y	N	N
NEW YORK	N	N	N	Y	N	N	N	N	N	N	N
WASHINGTON	N	N	N	N	N	N	Y	Y	N	N	N

U = UNAVAILABLE

NOTE: ONLY STATES WITH DISPROPORTIONATE SHARE PAYMENTS AND/OR
DONATIONS AND TAXES PROGRAMS ARE PRESENTED.STATES REPORT INFORMATION ON DISPROPORTIONATE SHARE PAYMENTS (DSP) AND
DONATIONS AND TAXES (D&T) PROGRAMS TO HCFA (NOT IN STATE PLAN)

TABLE 4-4.

HCFA STATE PROFILE DATA SYSTEM														
STATES WITH DISPROPORTIONATE SHARE PAYMENTS OR														
DONATIONS AND TAXES PROGRAMS BY NON-INSTITUTIONAL SERVICE TYPE														
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93														
	-AL-	-AR-	-FL-	-GA-	-IN-	-KY-	-MD-	-MI-	-MN-	-MS-	-NE-	-NY-	-UT-	-WA-
OUTPT/HOSP/ACUTE	2		2		1		2	2	2	2	2		2	2
PHYSN/SRVCS	2			2		2	2	2	2	2	2			
PRESC/DRUGS	2*			2		2	2	2		2				
NURSE/MDWIF	2					2	2			2				
NURSE/PRACT/FAMILY	2						2			2				
OUTPT/HOSP/OTHER	2							3					1	
OTHER/CLNIC/SRVCS	2												1	
REHAB/SRVCS	2					2*								
TRANS/PORT/SRVCS	2									2				
NURSE/PRACT/PED	2						2	2		2				
DENTL/SRVCS						2	2							
LAB/X-RAY	2						2			2				
EPSDT	2													
OPTOM/ETRST	2					2								
NURSE/ANEST	2						2							
OTHER/LIONS/PRACT	2									2				
HOME/HLTH/NURSE	2												1	
AMBUL/SURGI/CENTR	2		2											2
OUTPT/HOSP/PSYCH														
PRESC/PROST/DVICS	2													
EYE/GLASS/PRESC	2													
OTHER/PRESC	2													
TARGET/CASE/MGT	2													
EMERG/HOSP/SRVCS	2													
PERSN/CARE/SRVCS	2													
MENTL/HLTH/CLNIC						2								
DIAG/SRVCS						2								
SCREN/SRVCS						2*								
PREVN/SRVCS						2*								
PRESC/DENTR						2*								
RHC							2							
FQHC		2												
HOME/HLTH/AIDE		2												
MED/SUPPLY/HHSVC		2												
PHYS/THERA/HHSVC		2												
PRVT/DUTY/NURSE		2												
ESRD/CLNIC		2												
MR, DA/TREAT/CLNIC		2												

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

NOTE: ONLY STATES WITH DISPROPORTIONATE SHARE PAYMENTS AND/OR

DONATIONS AND TAXES PROGRAMS ARE PRESENTED.

STATES REPORT INFORMATION ON DISPROPORTIONATE SHARE PAYMENTS (DSP) AND

DONATIONS AND TAXES (D&T) PROGRAMS TO HCFA (NOT IN STATE PLAN)

1, 2, 3: 1=DSP 2=D&T 3=BOTH DSP AND D&T

Section 5: Payment for Institutional Services

Table 5-1.	States with Disproportionate Share Hospitals (DSH) Provisions and Source of Funding	284
Table 5-2.	States with Donations and/or Taxes Programs for Institutional Services	298
Table 5-3.	Payment for Acute Care Hospital Services	301
Table 5-4.	Payment for Psychiatric Hospital Services	308
Table 5-5.	Payment for Other Types of Hospital Services	315
Table 5-6.	Payment for Nursing Home Facility Services	322
Table 5-7.	Payment for Intermediate Care Facility Services for the Mentally Retarded (ICF/MR)	329

SECTION 5: MEDICAID PAYMENT FOR INSTITUTIONAL SERVICES

Tables in this section include data which are abstracted from the approved State plan (section 4.19-A and 4.19-D) and pending SPAs. The State plan identifies payment methodologies only, not the source of the funds used by the State.

The data on disproportionate share (DSH) payments, and donations and taxes programs are not from the State plan, HCFA regional offices collected these data from the States for the spDATA publication.

Rate information is taken from the "related information" section submitted with each SPA. The estimated average new rate amount shown on Tables 5-3 through 5-7 is not an actual rate paid to any individual facility, it is the estimated average proposed rate for each type of institution.

The Medicaid program in Arizona is operated under a waiver and is administered by the Arizona Health Care Cost Containment System (AHCCCS), a coordinated care program. The majority of institutional services are provided through contracting health plans which are paid a capitated amount by AHCCCS for providing care.

State Medicaid payments to institutions, in the aggregate, cannot be greater than the amount that would have been paid using Medicare reimbursement methods. Medicaid payments to institutions also must meet the costs of "efficiently and economically operated" facilities.

Federal law and regulations stipulate that State Medicaid hospital payment policies must take into account the situation of hospitals serving a disproportionate number of low-income patients. Tables 5-1.1 and 5-1.2 show the various ways that States can designate, pay, and finance disproportionate share hospitals. Special attention is given to State use of provider taxes and donations to finance disproportionate share payments.

- Disproportionate Share Hospitals (DSH)--DSH are hospitals that serve a higher than average number of Medicaid and other low-income patients. DSH have a different reimbursement rate than other hospitals. States show how they calculated this rate in their State plan. DSH definitions and payment adjustment methods are found in section 1923 of the Act.
- Inpatient Utilization Rate Threshold is defined in section 1923(b)(2) of the Act;
- Low Income Utilization Rate Threshold is defined in section 1923(b)(3) of the Act;
- DSH Payment Adjustment Method is described in sections 1923(c)(1), 1923(c)(2), 1923(c)(3), and 1923(e) of the Act.

Table 5-2 identifies States with donations and taxes programs by type of facility (acute care, psychiatric, nursing facility, ICF/MR, and other). This table also shows whether these funds are spent on Medicaid expansion, other Medicaid expenses, or non-Medicaid costs.

Except for the special case of disproportionate share hospitals, the methods used by States to reimburse different types of institutions are generally similar. Tables 5-3 to 5-7 show the Medicaid payment methods based on the type of institution. While the payment methods across facilities are similar, there is wide variation between States on the elements of payment methods. Because of the variation, no two State payment systems are identical.

The institutional payment methods used by each State are grouped into categories as shown in the row headings of Tables 5-3 to 5-7. In addition, the tables show the estimated average new rate amount for each type of institution and the time period that rates are in effect. Note: Rate amounts shown on the tables vary greatly because States use different units of payment (i.e., diagnosis related group, all inclusive per diem, per diem plus additions, per discharge, per case, per admission, case mix per diem, or other). The major components of each State's rate-setting methodology are identified below. States may use more than one reimbursement scheme for a service type; therefore, the tables show a combination of prospective, retrospective, and other reimbursement methods for some States.

- Method of Payment: In general, there are two institutional payment methods -- retrospective and prospective. Retrospective refers to a payment system that is based entirely on actual costs. Under this method, Medicaid makes interim payments throughout the year. At the end of the year there is a reconciliation between the interim payments and the institution's actual costs. Under a prospective system, the State establishes a rate for a base year. The base year rate is usually developed using cost-based data. Then for future years, the base year rate is trended forward to reflect inflation. In a true prospective system, there is no reconciliation to actual costs.
- Unit of Payment: States define the basis for paying institutions. States can adopt the Medicare unit of payment and reimburse based on diagnosis related groups, pay for a day of care, pay based on admissions or discharges, or select a daily rate based on case mix. Generally, the unit of payment for institutions provides a method for "bundling" the kinds of services provided in institutions.
 - All Inclusive Per Diem--The payment rate to nursing facilities, hospitals, or ICFs/MR that covers all services provided (no additional charges for ancillary services such as physical therapy, drugs, etc.).
 - Case Mix Per Diem--The unit of payment based on levels of care required per recipient in hospitals, nursing facilities, and ICFs/MR.
 - Diagnosis Related Groups (DRGs)--DRGs classify patients similar in their demographic, diagnostic, and therapeutic (i.e., clinical) attributes, and in their consumption of hospital resources during the inpatient stay. These groupings are used to incorporate severity of illness measurements into the process for prospective payment determination for inpatient hospital services.
 - Trend Index: States that pay institutional providers prospectively use a trend factor to update payment rates (usually on an annual basis). States are free to choose an index or develop their own. Common indexes used by States in this report are:

- DRI National: Data Resources Inc., a national index,
 - DRI Regional: Data Resources Inc., a regional index,
 - HCFA Market Basket: Health Care Financing Administration market basket index, and
 - CPI: Consumer Price index.
- Ancillary Services: Institutional payment is based on a bundle of services. These services, typically called ancillary, can be included in the institutional rate, paid for separately, or not covered by Medicaid.
 - Other Services: In addition to ancillary services, State Medicaid programs may pay institutional providers for other types of services. The most common are administratively necessary days and reserved bed days. Administratively necessary days are those days that a recipient spends in the institution awaiting placement to the community or another institution. Reserved bed days refers to Medicaid payment to institutions, typically nursing homes, for days when the Medicaid recipient is temporarily absent from the institution -- such as for hospitalization.
 - Group Classification: State Medicaid programs can establish payment methods based on criteria for grouping types of facilities or can pay on an individual facility basis. Group classifications tend to be used to account for cost differences between types of facilities. Groupings can be by geographic location of facility, peer group (similar level of care required by recipients), high/low cost, number of beds, ownership, etc.

TABLE 5-1.1.1.

HCFA STATE PROFILE DATA SYSTEM
STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

[illegible]

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
~ = STATES REPORT DISPROPORTIONATE SHARE HOSPITAL (DSH) FUNDING SOURCE DATA TO HCFA, (NOT IN STATE PLAN)

TABLE 5-1.2.

HCFA STATE PROFILE DATA SYSTEM
STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 14

	AL	AK	AZ	AR	CA	CO	CT	DE
OTHER HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	N	N	N	Y	Y	N	N
INPATIENT UTILIZATION	Y	N	N	Y	N	N	N	N
LOW INCOME UTILIZATION	Y	N	N	Y	N	N	N	N
OTHER	N	N	N	N	N	N	Y	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	N	N	N	N	N	N	N
SECTION 1923 (C)(2)	Y	N	N	N	Y	Y	N	N
SECTION 1923 (C)(3)	Y	N	N	Y	N	N	Y	N
SECTION 1923 (E)	N	N	N	N	N	N	N	N
DSH MINIMUM PAYMENT								
AMOUNT \$	NA	NA	NA	\$1000.00	\$2.00	NA	\$1.00	\$0.00
PERCENT	0.25	NA	NA	NA	NA	1.00	NA	0.00
DSH FUNDING SOURCE ~								
PROVIDER DONATION	N	N	N	N	N	N	N	N
PROVIDER TAX	N	N	N	N	N	N	N	N
GENERAL TAX	N	N	N	N	N	Y	N	N
GENERAL REVENUE	Y	N	N	Y	N	Y	Y	N
OTHER	N	N	N	N	Y	N	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

~ = STATES REPORT DISPROPORTIONATE SHARE HOSPITAL (DSH) FUNDING SOURCE DATA TO HCFA, (NOT IN STATE PLAN)

TABLE 5-1.1.

HCFA STATE PROFILE DATA SYSTEM
STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

	DC	FL	GA	HI	ID	IL	IN	IA
ACUTE CARE HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N*	N	N	Y	Y	N	N	N
INPATIENT UTILIZATION	N*	Y	Y	N	Y	Y	Y	Y
LOW INCOME UTILIZATION	N*	Y	Y	N	Y	Y	Y	Y
OTHER	N*	Y	Y	N	Y	Y	N	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N*	N	N	N	N	N	Y	N
SECTION 1923 (C)(2)	N*	Y	Y	Y	Y	N	N	Y
SECTION 1923 (C)(3)	N*	Y	Y	Y	Y	Y	Y	N
SECTION 1923 (E)	N*	N	N	N	N	N	N	N
DSH MINIMUM PAYMENT								
AMOUNT \$	\$0.00*	NA	NA	\$0.00	NA	\$5.00	NA	NA
PERCENT	0.00*	5.00	1.00	1.00	15.00	7.34	2.50	2.50
DSH FUNDING SOURCE ~								
PROVIDER DONATION	N*	N	N*	N	N	N	N	N
PROVIDER TAX	N*	Y	N	N	N	Y	Y	N
GENERAL TAX	N*	N	N	N	N	N	N	N
GENERAL REVENUE	N*	N	N	Y	Y	Y	N*	Y
OTHER	N*	N	Y*	Y	N	Y*	Y*	N
PSYCHIATRIC HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	N	N	N	N	N	Y	N
INPATIENT UTILIZATION	N	Y	N	Y	N	Y	N	N
LOW INCOME UTILIZATION	N	Y	N	Y	N	Y	N	N
OTHER	N	Y	N	N	N	Y	N	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	N	N	N	N	N	N	N
SECTION 1923 (C)(2)	N	Y	N	Y	N	N	N	N
SECTION 1923 (C)(3)	N	Y	N	N	N	Y	Y	N
SECTION 1923 (E)	N	N	N	N	N	N	N	N
DSH MINIMUM PAYMENT								
AMOUNT \$	\$0.00	\$0.00	NA	\$0.00	NA	\$5.00	NA	\$0.00
PERCENT	0.00	5.00	NA	1.00	NA	7.34	2.50	0.00
DSH FUNDING SOURCE ~								
PROVIDER DONATION	N	N	N	N	N	N	N	N
PROVIDER TAX	N	Y	N	N	N	Y	N*	N
GENERAL TAX	N	Y	N	N	N	N	N	N
GENERAL REVENUE	N	Y	N	Y	N	Y	N*	N
OTHER	N	N	N	N	N	Y*	Y*	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

~ = STATES REPORT DISPROPORTIONATE SHARE HOSPITAL (DSH) FUNDING SOURCE DATA TO HCFA, (NOT IN STATE PLAN)

TABLE 5-1.2.

HCFA STATE PROFILE DATA SYSTEM
STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 14

	DC	FL	GA	HI	ID	IL	IN	IA
OTHER HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	N	N	N	N	N	N	N
INPATIENT UTILIZATION	Y	Y	N	N	Y	Y	Y	Y
LOW INCOME UTILIZATION	Y	Y	N	N	Y	Y	N	Y
OTHER	N	Y	N	N	N	Y	N	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	Y	N	N	N	N	N	Y	N
SECTION 1923 (C)(2)	N	Y	N	N	Y	N	N	Y
SECTION 1923 (C)(3)	N	Y	N	N	N	Y	N	Y
SECTION 1923 (E)	N	N	N	N	N	N	N	N
DSH MINIMUM PAYMENT								
AMOUNT \$	NA	\$0.00	NA	NA	NA	\$5.00	NA	NA
PERCENT	1.00	5.00	NA	NA	15.00	7.34	2.50	2.50
DSH FUNDING SOURCE ~								
PROVIDER DONATION	N	N	N	N	N	N	N	N
PROVIDER TAX	N	Y	N	N	N	Y	N	N
GENERAL TAX	N	N	N	N	N	N	N	N
GENERAL REVENUE	Y	N	N	N	Y	Y	Y	Y
OTHER	N	N	N	N	N	Y*	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

~ = STATES REPORT DISPROPORTIONATE SHARE HOSPITAL (DSH) FUNDING SOURCE DATA TO HCFA, (NOT IN STATE PLAN)

TABLE 5-1.1.

HCFA STATE PROFILE DATA SYSTEM
STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 14

- KS - - KY - - LA - - ME - - MD - - MA - - MI - - MN -

ACUTE CARE HOSPITAL

DSH DEFINITION

FEDERAL DEFINITION
INPATIENT UTILIZATION
LOW INCOME UTILIZATION
OTHER

DSH PAYMENT ADJUST. METHOD

SECTION 1923 (C)(1)
SECTION 1923 (C)(2)
SECTION 1923 (C)(3)
SECTION 1923 (E)

DSH MINIMUM PAYMENT

AMOUNT \$

PERCENT

DSH FUNDING SOURCE ~

PROVIDER DONATION
PROVIDER TAX
GENERAL TAX
GENERAL REVENUE
OTHER

PSYCHIATRIC HOSPITAL

DSH DEFINITION

FEDERAL DEFINITION
INPATIENT UTILIZATION
LOW INCOME UTILIZATION
OTHER

DSH PAYMENT ADJUST. METHOD

SECTION 1923 (C)(1)
SECTION 1923 (C)(2)
SECTION 1923 (C)(3)
SECTION 1923 (E)

DSH MINIMUM PAYMENT

AMOUNT \$

PERCENT

DSH FUNDING SOURCE ~

PROVIDER DONATION
PROVIDER TAX
GENERAL TAX
GENERAL REVENUE
OTHER

Y	N*	Y*	N	N	Y	Y	N	Y*	N	Y*
N	N*	N*	N	N	Y	N	N	Y	N	N*
N	N*	N	N	N	Y	N	N	N	N	N*
Y	Y*	N*	Y	Y	Y	Y	Y*	Y	Y*	Y
N	N*	N	N	N	N	N	N	N	N	Y
Y	N*	Y	Y	Y	Y	Y*	Y*	Y*	Y*	Y
N	N*	N	N	N	N	N	N	N	N	N
\$0.00	\$1.00*	\$0.00	\$1.00	\$0.00	\$1.00	\$1.00	NA	NA	NA	\$1.00
25.00	NA	NA	NA	4.00	NA	NA	10.00	10.00	10.00	1.00
N	N*	N	N	N	N	N	N*	N*	N*	N
N	Y*	N	Y	N	Y	Y	N	N	N	Y
N	N*	N	N	N	N	N	N	N	N	N
Y	N*	Y*	N	Y	N	Y	N	N	N	N
N	N*	N	N	N	N	N	N	N	N	Y*
N	N*	N	N	N	N	N	N	N	N	N
\$0.00	\$1.00*	\$0.00	\$1.00	\$0.00	\$1.00	\$1.00	NA	NA	NA	\$1.00*
25.00	NA	NA	NA	0.00	NA	NA	10.00	10.00	10.00	1.00*
N	N*	N	N	N	N	N	N	N	N	N*
N	Y*	N	Y	N	Y	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
Y	Y*	N*	Y	N	Y	Y	N	Y	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
\$0.00	\$1.00*	\$0.00	\$1.00	\$0.00	\$1.00	\$1.00	NA	NA	NA	\$1.00*
25.00	0.00	NA	NA	0.00	NA	NA	10.00	10.00	10.00	1.00*
N	N*	N	N	N	N	N	N	N	N	N*
N	Y*	N	Y	N	Y	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
Y	Y*	N*	Y	N	Y	Y	N	Y	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
\$0.00	\$1.00*	\$0.00	\$1.00	\$0.00	\$1.00	\$1.00	NA	NA	NA	\$1.00*
25.00	0.00	NA	NA	0.00	NA	NA	10.00	10.00	10.00	1.00*
N	N*	N	N	N	N	N	N	N	N	N*
N	Y*	N	Y	N	Y	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
Y	Y*	N*	Y	N	Y	Y	N	Y	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
\$0.00	\$1.00*	\$0.00	\$1.00	\$0.00	\$1.00	\$1.00	NA	NA	NA	\$1.00*
25.00	0.00	NA	NA	0.00	NA	NA	10.00	10.00	10.00	1.00*
N	N*	N	N	N	N	N	N	N	N	N*
N	Y*	N	Y	N	Y	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
Y	Y*	N*	Y	N	Y	Y	N	Y	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
\$0.00	\$1.00*	\$0.00	\$1.00	\$0.00	\$1.00	\$1.00	NA	NA	NA	\$1.00*
25.00	0.00	NA	NA	0.00	NA	NA	10.00	10.00	10.00	1.00*
N	N*	N	N	N	N	N	N	N	N	N*
N	Y*	N	Y	N	Y	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
Y	Y*	N*	Y	N	Y	Y	N	Y	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
\$0.00	\$1.00*	\$0.00	\$1.00	\$0.00	\$1.00	\$1.00	NA	NA	NA	\$1.00*
25.00	0.00	NA	NA	0.00	NA	NA	10.00	10.00	10.00	1.00*
N	N*	N	N	N	N	N	N	N	N	N*
N	Y*	N	Y	N	Y	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
Y	Y*	N*	Y	N	Y	Y	N	Y	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
\$0.00	\$1.00*	\$0.00	\$1.00	\$0.00	\$1.00	\$1.00	NA	NA	NA	\$1.00*
25.00	0.00	NA	NA	0.00	NA	NA	10.00	10.00	10.00	1.00*
N	N*	N	N	N	N	N	N	N	N	N*
N	Y*	N	Y	N	Y	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
Y	Y*	N*	Y	N	Y	Y	N	Y	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
\$0.00	\$1.00*	\$0.00	\$1.00	\$0.00	\$1.00	\$1.00	NA	NA	NA	\$1.00*
25.00	0.00	NA	NA	0.00	NA	NA	10.00	10.00	10.00	1.00*
N	N*	N	N	N	N	N	N	N	N	N*
N	Y*	N	Y	N	Y	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
Y	Y*	N*	Y	N	Y	Y	N	Y	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
\$0.00	\$1.00*	\$0.00	\$1.00	\$0.00	\$1.00	\$1.00	NA	NA	NA	\$1.00*
25.00	0.00	NA	NA	0.00	NA	NA	10.00	10.00	10.00	1.00*
N	N*	N	N	N	N	N	N	N	N	N*
N	Y*	N	Y	N	Y	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
Y	Y*	N*	Y	N	Y	Y	N	Y	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
\$0.00	\$1.00*	\$0.00	\$1.00	\$0.00	\$1.00	\$1.00	NA	NA	NA	\$1.00*
25.00	0.00	NA	NA	0.00	NA	NA	10.00	10.00	10.00	1.00*
N	N*	N	N	N	N	N	N	N	N	N*
N	Y*	N	Y	N	Y	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
Y	Y*	N*	Y	N	Y	Y	N	Y	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
\$0.00	\$1.00*	\$0.00	\$1.00	\$0.00	\$1.00	\$1.00	NA	NA	NA	\$1.00*
25.00	0.00	NA	NA	0.00	NA	NA	10.00	10.00	10.00	1.00*
N	N*	N	N	N	N	N	N	N	N	N*
N	Y*	N	Y	N	Y	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
Y	Y*	N*	Y	N	Y	Y	N	Y	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
\$0.00	\$1.00*	\$0.00	\$1.00	\$0.00	\$1.00	\$1.00	NA	NA	NA	\$1.00*
25.00	0.00	NA	NA	0.00	NA	NA	10.00	10.00	10.00	1.00*
N	N*	N	N	N	N	N	N	N	N	N*
N	Y*	N	Y	N	Y	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
Y	Y*	N*	Y	N	Y	Y	N	Y	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
\$0.00	\$1.00*	\$0.00	\$1.00	\$0.00	\$1.00	\$1.00	NA	NA	NA	\$1.00*
25.00	0.00	NA	NA	0.00	NA	NA	10.00	10.00	10.00	1.00*
N	N*	N	N	N	N	N	N	N	N	N*
N	Y*	N	Y	N	Y	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
Y	Y*	N*	Y	N	Y	Y	N	Y	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
\$0.00	\$1.00*	\$0.00	\$1.00	\$0.00	\$1.00	\$1.00	NA	NA	NA	\$1.00*
25.00	0.00	NA	NA	0.00	NA	NA	10.00	10.00	10.00	1.00*
N	N*	N	N	N	N	N	N	N	N	N*
N	Y*	N	Y	N	Y	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
Y	Y*	N*	Y	N	Y	Y	N	Y	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
\$0.00	\$1.00*	\$0.00	\$1.00	\$0.00	\$1.00	\$1.00	NA	NA	NA	\$1.00*
25.00	0.00	NA	NA	0.00	NA	NA	10.00	10.00	10.00	1.00*
N	N*	N	N	N	N	N	N	N	N	N*
N	Y*	N	Y	N	Y	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
Y	Y*	N*	Y	N	Y	Y	N	Y	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
N	N*	N	N	N	N	N	N	N	N	N*
\$0.00	\$1.00*	\$0.00	\$1.0							

TABLE 5-1.2.

HCFA STATE PROFILE DATA SYSTEM
STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 14

	KS	KY	LA	ME	MD	MA	MI	MN
OTHER HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	N*	Y*	N	N	Y	N	N
INPATIENT UTILIZATION	N	N*	N*	N	Y	N	N	N
LOW INCOME UTILIZATION	N	N	N*	N	Y	N	N	N
OTHER	N	Y*	N	N	N	N	Y	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	N*	N	N	N	N	N	N
SECTION 1923 (C)(2)	N	N*	N	N	N	N	N	N
SECTION 1923 (C)(3)	N	Y*	Y	N	Y	N	Y	N
SECTION 1923 (E)	N	N*	N	N	N	Y	N	N
DSH MINIMUM PAYMENT								
AMOUNT \$	NA	\$1.00*	\$0.00	NA	NA	\$1.00	NA	NA
PERCENT	NA	NA	NA	NA	0.00	NA	10.00	NA
DSH FUNDING SOURCE ~								
PROVIDER DONATION	N	N*	N	N	N	N	N	N
PROVIDER TAX	N	Y*	N	N	N	N	N	N
GENERAL TAX	N	N*	N	N	Y	N	N	N
GENERAL REVENUE	N	N*	Y	N	N	Y	Y	N
OTHER	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

~ = STATES REPORT DISPROPORTIONATE SHARE HOSPITAL (DSH) FUNDING SOURCE DATA TO HCFA, (NOT IN STATE PLAN)

TABLE 5-1.1.

HCFA STATE PROFILE DATA SYSTEM
STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 7 OF 14

	MS	MO	MT	NE	NV	NH	NJ	NM
ACUTE CARE HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	Y	Y	Y	Y	N	N*	Y
INPATIENT UTILIZATION	Y	N	N	N	N	Y	N*	N
LOW INCOME UTILIZATION	Y	N	N	N	N	Y	N*	N
OTHER	N	N	N	N	Y	N	Y*	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	N	Y	N	N	N	N	Y
SECTION 1923 (C)(2)	Y	Y	N	Y	N	N	N	N
SECTION 1923 (C)(3)	N	N	N	N	Y	Y	N	N
SECTION 1923 (E)	N	N	N	N	N	N	Y	N
DSH MINIMUM PAYMENT								
AMOUNT \$	NA	NA	NA	NA	\$1000.00	\$1.00	NA	NA
PERCENT	4.00	25.00	4.00	25.00	NA	NA	100.00*	NA
DSH FUNDING SOURCE ~								
PROVIDER DONATION	N*	Y	N	N	N	N	N*	N
PROVIDER TAX	N*	Y	N	N	Y	Y	Y*	N
GENERAL TAX	N	N	Y	N	N	N	Y*	N
GENERAL REVENUE	N	Y	Y	Y	N	N	N*	Y
OTHER	Y	Y	N	Y	Y	N	N	N
PSYCHIATRIC HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	Y	N*	Y	Y	N	Y*	N
INPATIENT UTILIZATION	N	N	N*	N	N	N	N	N
LOW INCOME UTILIZATION	N	N	N*	N	N	N	N	N
OTHER	N	N	N*	N	Y	Y	N	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	N	N*	N	N	N	N*	N
SECTION 1923 (C)(2)	N	Y	N*	Y	N	N	Y*	N
SECTION 1923 (C)(3)	N	N	N*	N	Y	Y	N*	N
SECTION 1923 (E)	N	N	N*	N	N	N	N*	N
DSH MINIMUM PAYMENT								
AMOUNT \$	NA	NA	\$0.00*	NA	\$1000.00	\$1.00	NA	NA
PERCENT	NA	25.00	0.00*	25.00	NA	NA	100.00*	NA
DSH FUNDING SOURCE ~								
PROVIDER DONATION	N	N	N*	N	N	N	N*	N
PROVIDER TAX	N	N	N*	N	Y	N	Y*	N
GENERAL TAX	N	N	N*	N	N	N	N*	N
GENERAL REVENUE	N	Y	N*	Y	N	N	N*	N
OTHER	N	N	N*	N	Y	Y	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

 ~ = STATES REPORT DISPROPORTIONATE SHARE HOSPITAL (DSH) FUNDING SOURCE DATA TO
 HCFA, (NOT IN STATE PLAN)

TABLE 5-1.2.

HCFA STATE PROFILE DATA SYSTEM
STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 8 OF 14

	MS	MT	MO	NE	NV	NH	NJ	NM
OTHER HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N*	Y	N	Y	Y	N	N	Y
INPATIENT UTILIZATION	N*	N	N	N	N	N	N	N
LOW INCOME UTILIZATION	N*	N	N	N	N	N	N	N
OTHER	N*	N	N	N	Y	N	N	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N*	Y	N	N	N	N	N	Y
SECTION 1923 (C)(2)	N*	N	N	Y	N	N	N	N
SECTION 1923 (C)(3)	N*	N	N	N	Y	N	N	N
SECTION 1923 (E)	N*	N	N	N	N	N	N	N
DSH MINIMUM PAYMENT								
AMOUNT \$	NA*	NA	\$0.00	NA	\$1000.00	NA	NA	NA
PERCENT	NA*	4.00	0.00	25.00	NA	NA	NA	NA
DSH FUNDING SOURCE ~								
PROVIDER DONATION	N*	N	N	N	N	N	N	N
PROVIDER TAX	N*	N	N	N	Y	N	N	N
GENERAL TAX	N*	Y	N	N	N	N	N	N
GENERAL REVENUE	N*	Y	N	Y	N	N	N	Y
OTHER	N*	N	N	N	Y	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

~ = STATES REPORT DISPROPORTIONATE SHARE HOSPITAL (DSH) FUNDING SOURCE DATA TO HCFA, (NOT IN STATE PLAN)

TABLE 5-1.1.1.

HCFA STATE PROFILE DATA SYSTEM
STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

[illegible]

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
~ = STATES REPORT DISPROPORTIONATE SHARE HOSPITALS
HCFA, (NOT IN STATE PLAN)

TABLE 5-1.2.

HCFA STATE PROFILE DATA SYSTEM
STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 10 OF 14

	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
OTHER HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	N	Y	N	N*	N	Y*	N
INPATIENT UTILIZATION	N	N	N	Y	N*	N	N*	N
LOW INCOME UTILIZATION	N	N	N	Y	N*	N	N*	N
OTHER	N	N	N	Y	N*	N	Y	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	N	N	N	N*	N	N*	N
SECTION 1923 (C)(2)	N	N	N	N	N*	N	N*	N
SECTION 1923 (C)(3)	N	N	Y	N	N*	N	Y*	N
SECTION 1923 (E)	N	N	N	Y	N*	N	N*	N
DSH MINIMUM PAYMENT								
AMOUNT \$	NA	NA	NA	NA	NA*	NA	\$0.00	NA
PERCENT	NA	NA	1.00	0.50	NA*	NA	1.00*	NA
DSH FUNDING SOURCE ~								
PROVIDER DONATION	N	N	N	N	N*	N	N*	N
PROVIDER TAX	N	N	N	Y	N*	N	N*	N
GENERAL TAX	N	N	Y	N	N*	N	N*	N
GENERAL REVENUE	N	N	Y	N	N*	N	Y*	N
OTHER	N	N	N	Y*	N*	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

~ = STATES REPORT DISPROPORTIONATE SHARE HOSPITAL (DSH) FUNDING SOURCE DATA TO HCFA, (NOT IN STATE PLAN)

HCFA STATE PROFILE DATA SYSTEM
STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

=====																
- SC - - SD - - TN - - TX - - UT - - VT - - VA - - WA -																
=====																
ACUTE CARE HOSPITAL																
DSH DEFINITION																
FEDERAL DEFINITION																
INPATIENT UTILIZATION																
LOW INCOME UTILIZATION																
OTHER																
DSH PAYMENT ADJUST. METHOD																
SECTION 1923 (C)(1)																
SECTION 1923 (C)(2)																
SECTION 1923 (C)(3)																
SECTION 1923 (E)																
DSH MINIMUM PAYMENT																
AMOUNT \$																
PERCENT																
DSH FUNDING SOURCE ~																
PROVIDER DONATION																
PROVIDER TAX																
GENERAL TAX																
GENERAL REVENUE																
OTHER																
PSYCHIATRIC HOSPITAL																
DSH DEFINITION																
FEDERAL DEFINITION																
INPATIENT UTILIZATION																
LOW INCOME UTILIZATION																
OTHER																
DSH PAYMENT ADJUST. METHOD																
SECTION 1923 (C)(1)																
SECTION 1923 (C)(2)																
SECTION 1923 (C)(3)																
SECTION 1923 (E)																
DSH MINIMUM PAYMENT																
AMOUNT \$																
PERCENT																
DSH FUNDING SOURCE ~																
PROVIDER DONATION																
PROVIDER TAX																
GENERAL TAX																
GENERAL REVENUE																
OTHER																

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
~ = STATES REPORT DISPROPORTIONATE SHARE HOSPITALS
HCFA, (NOT IN STATE PLAN)

TABLE 5-1.2.

HCFA STATE PROFILE DATA SYSTEM
STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 12 OF 14

	SC	SD	TN	TX	UT	VT	VA	WA
OTHER HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION								
INPATIENT UTILIZATION								
LOW INCOME UTILIZATION								
OTHER								
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)								
SECTION 1923 (C)(2)								
SECTION 1923 (C)(3)								
SECTION 1923 (E)								
DSH MINIMUM PAYMENT								
AMOUNT \$								
PERCENT								
DSH FUNDING SOURCE ~								
PROVIDER DONATION								
PROVIDER TAX								
GENERAL TAX								
GENERAL REVENUE								
OTHER								

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

~ = STATES REPORT DISPROPORTIONATE SHARE HOSPITAL (DSH) FUNDING SOURCE DATA TO HCFA, (NOT IN STATE PLAN)

TABLE 5-1.1.

HCFA STATE PROFILE DATA SYSTEM
STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 13 OF 14

----- WV - - WI - - WY - -----

ACUTE CARE HOSPITAL

DSH DEFINITION				
FEDERAL DEFINITION	Y	Y*		Y
INPATIENT UTILIZATION	N	N*		N
LOW INCOME UTILIZATION	Y	N*		N
OTHER	N	N		N
DSH PAYMENT ADJUST. METHOD				
SECTION 1923 (C)(1)	U	Y*		N
SECTION 1923 (C)(2)	N	N*		Y
SECTION 1923 (C)(3)	Y	N*		N
SECTION 1923 (E)	N	N*		N
DSH MINIMUM PAYMENT				
AMOUNT \$	\$0.00	NA	NA	
PERCENT	5.00	2.00*	1.00	
DSH FUNDING SOURCE ~				
PROVIDER DONATION	U	N*		N
PROVIDER TAX	N	N*		N
GENERAL TAX	N	N*		N
GENERAL REVENUE	N	Y*		Y
OTHER	Y	N		N

PSYCHIATRIC HOSPITAL

DSH DEFINITION				
FEDERAL DEFINITION	Y	Y		Y
INPATIENT UTILIZATION	N	N		N
LOW INCOME UTILIZATION	N	N		N
OTHER	N	N		N
DSH PAYMENT ADJUST. METHOD				
SECTION 1923 (C)(1)	N	Y		N
SECTION 1923 (C)(2)	N	N		Y
SECTION 1923 (C)(3)	N	N		N
SECTION 1923 (E)	N	N		N
DSH MINIMUM PAYMENT				
AMOUNT \$	\$0.00	NA	NA	
PERCENT	0.00	4.50	1.00	
DSH FUNDING SOURCE ~				
PROVIDER DONATION	N	N		N
PROVIDER TAX	N	N		N
GENERAL TAX	N	N		N
GENERAL REVENUE	N	Y		Y
OTHER	N	N		N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

~ = STATES REPORT DISPROPORTIONATE SHARE HOSPITAL (DSH) FUNDING SOURCE DATA TO HCFA, (NOT IN STATE PLAN)

TABLE 5-1.2.

HCFA STATE PROFILE DATA SYSTEM
STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 14 OF 14

OTHER HOSPITAL	WV	WI	WY
DSH DEFINITION			
FEDERAL DEFINITION	N	Y	N
INPATIENT UTILIZATION	N	N	N
LOW INCOME UTILIZATION	N	N	N
OTHER	N	N	N
DSH PAYMENT ADJUST. METHOD			
SECTION 1923 (C)(1)	N	Y	N
SECTION 1923 (C)(2)	N	N	N
SECTION 1923 (C)(3)	N	N	N
SECTION 1923 (E)	N	N	N
DSH MINIMUM PAYMENT			
AMOUNT \$	\$0.00	NA	NA
PERCENT	0.00	2.00	NA
DSH FUNDING SOURCE ~			
PROVIDER DONATION	N	N	N
PROVIDER TAX	N	N	N
GENERAL TAX	N	N	N
GENERAL REVENUE	N	Y	N
OTHER	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 U = UNAVAILABLE
 ~ = STATES REPORT DISPROPORTIONATE SHARE HOSPITAL (DSH) FUNDING SOURCE DATA TO HCFA, (NOT IN STATE PLAN)

HCFA STATE PROFILE DATA SYSTEM
STATES WITH DONATIONS AND TAXES PROGRAMS FOR INSTITUTIONAL SERVICES
BY TYPE OF FACILITY
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

	AL	AR	CA	CO	CT	FL	GA	HI	IL	IN	KY	LA	ME	MD	MA	MI
ACUTE CARE HOSPITAL																
TYPE OF DONATION AND TAX PROGRAMS																
DONATIONS	N	N	Y	Y	N	N	N*	N	Y	N	N*	Y	N	N	N	N*
TAXES	Y	N	Y	N	Y	Y	Y	Y	Y	N*	Y*	N	Y	N	Y	N*
USE OF PROCEEDS																
DSH PAYMENTS	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y	N	Y	N*
MEDICAID EXPANSION	Y	N	N	N	N	Y	Y	U	N	N*	Y*	N	N	N	Y	N*
OTHER MEDICAID	Y	N	Y	N	N	Y	Y	U	Y	Y	Y*	N	N	N	Y	N*
NON-MEDICAID	N	N	N	N	N	N	Y	U	N	N*	N*	N	N	N	Y	N*
PSYCHIATRIC HOSPITAL																
TYPE OF DONATION AND TAX PROGRAMS																
DONATIONS	N	N	N	Y	N	N	N	N	N	N*	N*	N	N	N	N	N
TAXES	Y	N	N	N	N	Y	Y	N	Y	N*	Y*	N	Y	N	N	N
USE OF PROCEEDS																
DSH PAYMENTS	Y	N	N	Y	N	Y	N	N	Y	Y	Y*	N	Y	N	N	N
MEDICAID EXPANSION	Y	N	N	N	N	Y	N	N	N	N*	Y*	N	N	N	N	N
OTHER MEDICAID	Y	N	N	N	N	Y	N	N	Y	Y	Y*	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N	N	N	N	N	N*	N*	N	N	N	N	N
OTHER HOSPITAL																
TYPE OF DONATION AND TAX PROGRAMS																
DONATIONS	N	N	N	Y	N	N	N	N	N	N	N*	N	N	N	N	N
TAXES	N	N	N	N	N	Y	Y	N	Y	N	Y*	N	N	N	N	N
USE OF PROCEEDS																
DSH PAYMENTS	N	N	N	Y	N	Y	N	N	Y	N	Y*	N	N	N	N	N
MEDICAID EXPANSION	N	N	N	N	N	Y	N	N	N	N	Y*	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N	Y	N	N	Y	N	Y*	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N	N	N	N	N	N	N*	N	N	N	N	N
NURSING FACILITIES																
TYPE OF DONATION AND TAX PROGRAMS																
DONATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N*	N	N
TAXES	Y	Y	N	N	N	Y	Y	N	Y*	N	Y	Y	N	Y*	N	N
USE OF PROCEEDS																
DSH PAYMENTS	N	N	N	N	N	N	N	N	N	N	Y	N	N	N*	N	N
MEDICAID EXPANSION	Y	Y	N	N	N	Y	N	N	N	N	Y	N	N	N*	N	N
OTHER MEDICAID	Y	N	N	N	N	Y	N	N	Y*	N	Y	Y	N	N*	N	N
NON-MEDICAID	N	N	N	N	N	N	N	N	N	N	N	N	N	Y*	N	N
INTERMEDIATE CARE FACILITY/MENTALLY RETARDED																
TYPE OF DONATION AND TAX PROGRAMS																
DONATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TAXES	N	Y	N	N	N	Y	Y	N	Y	N	Y	Y	N	N	N	N
USE OF PROCEEDS																
DSH PAYMENTS	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N
MEDICAID EXPANSION	N	Y	N	N	N	Y	N	N	N	N	Y	N	N	N*	N	N
OTHER MEDICAID	N	N	N	N	N	Y	N	N	Y*	N	Y	Y	N	N*	N	N
NON-MEDICAID	N	N	N	N	N	N	N	N	N	N	N	N	N	Y*	N	N
USE OF PROCEEDS																
TYPE OF DONATION AND TAX PROGRAMS																
DONATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TAXES	N	Y	N	N	N	Y	Y	N	Y	N	Y	Y	N	N	N	N
USE OF PROCEEDS																
DSH PAYMENTS	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N
MEDICAID EXPANSION	N	Y	N	N	N	Y	N	N	N	N	Y	N	N	N*	N	N
OTHER MEDICAID	N	N	N	N	N	Y	N	N	Y*	N	Y	Y	N	N*	N	N
NON-MEDICAID	N	N	N	N	N	N	N	N	N	N	N	N	N	Y*	N	N
USE OF PROCEEDS																
TYPE OF DONATION AND TAX PROGRAMS																
DONATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TAXES	N	Y	N	N	N	Y	Y	N	Y	N	Y	Y	N	N	N	N
USE OF PROCEEDS																
DSH PAYMENTS	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N
MEDICAID EXPANSION	N	Y	N	N	N	Y	N	N	N	N	Y	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N	Y	N	N	Y	N	Y	Y	N	N	N	N
NON-MEDICAID	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: ONLY STATES WITH DONATIONS AND TAXES PROGRAMS ARE PRESENTED
NOTE: STATES REPORT INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA
(NOT IN STATE PLAN)

EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

-----MN--MS--MO--MT--NE--NV--NH--NJ--NY--NC--OH--PA--SC--TN--TX--UT-----

ACUTE CARE HOSPITAL
TYPE OF DONATION AND TAX PROGRAMS

DONATIONS

TAXES

USE OF PROCEEDS

DSH PAYMENTS

MEDICAID EXPANSION

OTHER MEDICAID

NON-MEDICAID

PSYCHIATRIC HOSPITAL

TYPE OF DONATION AND TAX PROGRAMS

DONATIONS

TAXES

USE OF PROCEEDS

DSH PAYMENTS

MEDICAID EXPANSION

OTHER MEDICAID

NON-MEDICAID

OTHER HOSPITAL

TYPE OF DONATION AND TAX PROGRAMS

DONATIONS

TAXES

USE OF PROCEEDS

DSH PAYMENTS

MEDICAID EXPANSION

OTHER MEDICAID

NON-MEDICAID

NURSING FACILITIES

TYPE OF DONATION AND TAX PROGRAMS

DONATIONS

TAXES

USE OF PROCEEDS

DSH PAYMENTS

MEDICAID EXPANSION

OTHER MEDICAID

NON-MEDICAID

INTERMEDIATE CARE FACILITY/MENTALLY RETARDED

TYPE OF DONATION AND TAX PROGRAMS

DONATIONS

TAXES

USE OF PROCEEDS

DSH PAYMENTS

MEDICAID EXPANSION

OTHER MEDICAID

NON-MEDICAID

PSYCHIATRIC HOSPITAL

TYPE OF DONATION AND TAX PROGRAMS

DONATIONS

TAXES

USE OF PROCEEDS

DSH PAYMENTS

MEDICAID EXPANSION

OTHER MEDICAID

NON-MEDICAID

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: ONLY STATES WITH DONATIONS AND TAXES PROGRAMS ARE PRESENTED
NOTE: STATES REPORT INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA
(NOT IN STATE PLAN)

TABLE 5-3.

HCFA STATE PROFILE DATA SYSTEM
 PAYMENT FOR ACUTE CARE HOSPITAL SERVICES
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

	AL	AK	AZ	AR	CA	CO	CT	DE
RATE INFORMATION-								
ESTIMATED AVERAGE								
NEW RATE AMOUNT \$	\$590.29*	\$7263.76*	NA	\$446.00	\$2064.00	\$4872.00	\$653.18*	NA
RATE YEAR-								
BEGINS(MDDDDYY)	07011993*	07011993*	NA	07011993	09251993	07011993	06061993*	NA
METHOD OF PAYMENT-								
PROSPECTIVE	N	Y	N	Y	Y	Y	N	Y
RETROSPECTIVE	N	N	N	Y	Y	Y*	Y	Y
OTHER	N	N	N	N	Y	N	N	Y
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	N	N	N	Y	N	N
ALL INCLUSIVE PER DIEM	Y	N	N	Y	Y	Y*	N	N
PER DIEM PLUS ADDITIONS	N	N	N	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N	N	Y	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	Y	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	Y	Y	Y	N	Y
TREND INDEX-								
DRI NATIONAL	N	Y	N	N	N	N	N	N
DRI REGIONAL	Y	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	Y	Y	Y	N	Y
CONSUMER PRICE INDEX	N	N	N	N	N	Y*	N	N
OTHER	N	N	N	Y	Y	N	N	N
ANCILLARY SERVICES-								
INCLUDED	N	Y	N	Y	N	N	Y	Y
PER DIEM	Y	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	Y	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	Y	N	Y	Y
RESERVED BED DAYS	N	N	N	N	U	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	Y	N	N	N	N	N	N	N
PEER GROUP	N	N	N	Y	Y	N	N	N
HIGH/LOW COST	N	N	N	Y	Y	N	N	N
NUMBER OF BEDS	Y	N	N	Y	N	N	N	N
STATE OWNED	N	N	N	Y	N	N	N	N
OTHER	N	N	N	Y	Y	N	N	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE).
 IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION,
 OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE
 SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

TABLE 5-3.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR ACUTE CARE HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 7

	DC	FL	GA	HI	ID	IL	IN	IA
RATE INFORMATION-								
ESTIMATED AVERAGE								
NEW RATE AMOUNT \$	\$0.00*	\$662.54*	\$3419.00*	\$644.62	NA	\$764.24	\$1179.55	\$2262.49
RATE YEAR-								
BEGINS(MMDDYYYY)	09011991*	07011993*	10181993*	07011993	NA	10011992	07011993	07011991
METHOD OF PAYMENT -								
PROSPECTIVE	Y	Y	Y	Y	N	Y	N	Y
RETROSPECTIVE	Y	N	Y	N	Y	N	Y	N
OTHER	Y*	N	N	N	N	Y	N	N
UNIT OF PAYMENT -								
DIAGNOSIS RELATED GROUP	N	N	N	N	N	Y	N	Y
ALL INCLUSIVE PER DIEM	N	Y	N	N	Y	N	N	N
PER DIEM PLUS ADDITIONS	Y	N	N	N	N	Y	N	N
PER DISCHARGE	Y*	N	N	Y	N	Y	N	N
PER CASE	Y	N	N	N	N	N	N	N
PER ADMISSION	N	N	Y	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	Y	N
TREND INDEX -								
DRI NATIONAL	N	N	Y	Y	N	Y	N	N
DRI REGIONAL	N	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	Y	N	Y	N
CONSUMER PRICE INDEX	N	N	N	N	N	N	N	N
OTHER	Y	Y	N	N	N	N	Y	Y
ANCILLARY SERVICES -								
INCLUDED	U	N	Y	Y	N	Y	N	Y
PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N	Y	N
OTHER SERVICES -								
ADMIN NECESSARY DAYS	N	N	N	Y	Y	N	N	N
RESERVED BED DAYS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION -								
LOCATION	Y	Y	N	N	N	N	N	N
PEER GROUP	N	Y	N	Y	N	Y	N	N
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	Y	N	N	N	N	N	N	N
STATE OWNED	Y	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE).
IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION,
OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE
SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

TABLE 5-3.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR ACUTE CARE HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

	KS	LA	ME	MD	MA	MI	MN
RATE INFORMATION- ESTIMATED AVERAGE NEW RATE AMOUNT \$	\$2637.00	\$722.85	\$6921.00	NA	\$502.00*	\$2419.00*	\$4278.00
RATE YEAR-	07011991	03011993	10011992	NA	10011992*	02011989*	07011992
METHOD OF PAYMENT-							
PROSPECTIVE	Y	Y	N	N	Y	Y	Y
RETROSPECTIVE	N	Y	N	N	N	N	N
OTHER	N	Y	Y	Y	N	N	N
UNIT OF PAYMENT-							
DIAGNOSIS RELATED GROUP	Y	N	N	N	N	Y	Y
ALL INCLUSIVE PER DIEM	N	Y	Y	N	N	N	N
PER DIEM PLUS ADDITIONS	N	N	N	Y	N	N	N
PER DISCHARGE	N	Y	Y	N	N	N	N
PER CASE	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N
OTHER	N	Y	Y	Y	Y	Y	N
TREND INDEX-							
DRI NATIONAL	N	N	N	N	Y	Y	Y
DRI REGIONAL	N	Y	N	N	Y	N	N
HCFA MARKET BASKET	N	Y	N	N	Y	N	N
CONSUMER PRICE INDEX	Y	N	N	N	Y	N	N
OTHER	N	N	Y	Y	Y	N	N
ANCILLARY SERVICES-							
INCLUDED	Y	Y	Y	N	Y	Y	Y
PER DIEM	N	N	N	N	N	N	N
OTHER	N	N	N	Y	Y	N	N
OTHER SERVICES-							
ADMIN NECESSARY DAYS	N	N	Y	Y	Y	N	N
RESERVED BED DAYS	N	N	Y	N	Y	N	N
OTHER	N	N	N	N	Y	N	N
GROUP CLASSIFICATION-							
LOCATION	N	Y*	N	N	N	N	Y
PEER GROUP	Y	N	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N	N	N
NUMBER OF BEDS	Y	Y*	N	N	N	N	N
STATE OWNED	N	N	N	N	N	N	N
OTHER	N	N	N	Y	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE).
IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION,
OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE
SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR ACUTE CARE HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

	MS	MO	MT	NE	NV	NH	NJ	NM
RATE INFORMATION-								
ESTIMATED AVERAGE								
NEW RATE AMOUNT \$	\$497.17*	\$648.75*	\$1801.95*	\$707.57	\$1751.00*	\$3145.00	\$4573.00*	\$3486.00
RATE YEAR-	07011993*	12181993*	07011993*	07011993	07011993*	09011993	03121993*	08011992
BEGINS(MMDDYYYY)								
METHOD OF PAYMENT-								
PROSPECTIVE	Y	Y	Y	Y	N	Y	Y*	Y
RETROSPECTIVE	N	N	N	N	N	N	N*	Y
OTHER	N	N	N	N	N	N	N	Y
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	Y	N	N	Y	Y*	Y
ALL INCLUSIVE PER DIEM	N	Y	N	Y	N	Y	N	N
PER DIEM PLUS ADDITIONS	Y	N	N	N	N	N	N	Y
PER DISCHARGE	N	N	N	N	N	Y	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N	N	Y
TREND INDEX-								
DRI NATIONAL	N	N	N	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	Y	Y	Y	N	N	Y
CONSUMER PRICE INDEX	N	N	N	N	N	N	N	N
OTHER	Y	Y	N	N	N	Y	Y*	Y
ANCILLARY SERVICES-								
INCLUDED	N	Y	N	Y	Y	Y	Y*	Y
PER DIEM	N	N	N	N	N	N	N*	N
OTHER	N	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	Y	N	Y*	N
RESERVED BED DAYS	N	N	N	N	N	N	N*	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	Y	N	N	N	Y	N
PEER GROUP	N	N	N	N	N	N	Y*	Y
HIGH/LOW COST	N	N	N	N	Y	N	N	N
NUMBER OF BEDS	Y	N	Y	N	N	N	N	N
STATE OWNED	N	N	N	N	N	N	Y	N
OTHER	N	N	N	N	Y	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE).
IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION.
OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE
SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

TABLE 5-3.

HCFA STATE PROFILE DATA SYSTEM
 PAYMENT FOR ACUTE CARE HOSPITAL SERVICES
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

	NY	NC	ND	OH	OK	PA	RI
RATE INFORMATION-							
ESTIMATED AVERAGE							
NEW RATE AMOUNT \$	\$5872.17	\$521.52*	\$790.78	\$5382.00	\$788.34*	\$2827.00*	\$3693.86
RATE YEAR-	01011993	07011993*	07011993	07011992	07011993*	12011993*	07011993
METHOD OF PAYMENT -							
PROSPECTIVE	Y	N	Y	Y	Y	Y	Y*
RETROSPECTIVE	N	N	N	Y	N	N	N*
OTHER	N	N	N	Y	N	N	Y
UNIT OF PAYMENT -							
DIAGNOSIS RELATED GROUP	Y	N	Y	Y	N	Y	Y*
ALL INCLUSIVE PER DIEM	Y	Y	N	N	Y	N	N
PER DIEM PLUS ADDITIONS	N	N	N	N	N	N	N
PER DISCHARGE	N	N	N	Y	N	N	N
PER CASE	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	Y	N	N
OTHER	N	N	N	Y	N	N	Y
TREND INDEX-							
DRI NATIONAL	N	N	N	Y	Y	N	N
DRI REGIONAL	N	N	N	Y	N	Y	Y*
HCFA MARKET BASKET	N	Y	Y	N	Y	N	N
CONSUMER PRICE INDEX	N	N	N	Y	N	N	N
OTHER	Y	Y	N	Y	Y	N	N
ANCILLARY SERVICES -							
INCLUDED	Y	Y	N	Y	Y	Y	Y*
PER DIEM	N	Y	N	N	N	N	N
OTHER	N	Y	N	N	N	N	N
OTHER SERVICES -							
ADMIN NECESSARY DAYS	Y	Y	N	N	N	N	Y
RESERVED BED DAYS	N	N	N	N	N	N	Y
OTHER	N	Y	N	N	N	N	N
GROUP CLASSIFICATION -							
LOCATION	Y	N	N	Y	N	N	N
PEER GROUP	Y	Y	Y	Y	Y	N	N
HIGH/LOW COST	N	N	N	Y	N	N	N
NUMBER OF BEDS	Y	N	N	Y	N	N	N
STATE OWNED	Y	Y	N	N	N	N	N
OTHER	Y	N	N	Y	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE).
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HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR ACUTE CARE HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

[illegible]

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
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HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR ACUTE CARE HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

TABLE 5-3.

=====											

TABLE 5-4.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR PSYCHIATRIC HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 7

	AL	AK	AZ	AR	CA	CO	CT	DE
RATE INFORMATION-								
ESTIMATED AVERAGE								
NEW RATE AMOUNT \$	\$385.36*	NA	NA	\$468.00	NA	\$471.77	NA	NA
RATE YEAR-								
BEGINS(MMDDYYYY)	10011993*	NA	NA	07011993	NA	07011991	NA	NA
METHOD OF PAYMENT-								
PROSPECTIVE	Y	N	N	Y	Y	Y	N	Y
RETROSPECTIVE	N	N	N	Y	N	N	Y	N
OTHER	N	N	N	N	N	N	N	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	N	N	N*	N	N	N
ALL INCLUSIVE PER DIEM	N	N	N	Y	N	Y	N	Y
PER DIEM PLUS ADDITIONS	Y	N	N	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N	N	Y	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	Y	Y	N	N	Y
TREND INDEX-								
DRI NATIONAL	N	N	N	N	N	N	N	N
DRI REGIONAL	Y	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	Y	N	Y	N	N
CONSUMER PRICE INDEX	N	N	N	Y	N	N	N	N
OTHER	N	N	N	Y	Y	N	N	Y
ANCILLARY SERVICES-								
INCLUDED	Y	N	N	Y	N	N	Y	Y
PER DIEM	Y	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	Y	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	Y	N	N	N	Y	N*	Y	Y
RESERVED BED DAYS	Y	N	N	N	U	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	Y	N	N	N	N	N	N	N
PEER GROUP	N	N	N	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N	Y*	N	N
NUMBER OF BEDS	Y	N	N	N	N	N	N	N
STATE OWNED	N	N	N	N	N	N	N	Y
OTHER	N	N	N	N	Y	Y	N	N

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U = UNAVAILABLE

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TABLE 5-4.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR PSYCHIATRIC HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 7

	DC	FL	GA	HI	ID	IL	IN	IA
RATE INFORMATION-								
ESTIMATED AVERAGE								
NEW RATE AMOUNT \$	NA	\$662.54*	NA	NA	NA	\$690.80	NA	\$66.76
RATE YEAR-								
BEGINS(MMDYYYY)	NA	07011993*	NA	NA	NA	0701	NA	07171992
METHOD OF PAYMENT-								
PROSPECTIVE	N	Y	N	Y	N	Y	N	N
RETROSPECTIVE	Y	N	N	N	N	N	Y	Y
OTHER	N	N	N	N	N	N	N	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	N	N	N	N	N	N
ALL INCLUSIVE PER DIEM	N	Y	N	N	N	N	N	N
PER DIEM PLUS ADDITIONS	Y	N	N	N	N	Y	N	N
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	Y	N	N	N	N
OTHER	N	N	N	N	N	N	Y	Y
TREND INDEX-								
DRI NATIONAL	N	N	N	Y	N	Y	N	N
DRI REGIONAL	N	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N	N	Y	N
CONSUMER PRICE INDEX	N	N	N	N	N	N	N	N
OTHER	Y	Y	N	N	N	N	Y	N
ANCILLARY SERVICES-								
INCLUDED	U	N	N	N	N	Y	N	N
PER DIEM	N	N	N	Y	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N
RESERVED BED DAYS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	Y	Y	N	N	N	N	N	N
PEER GROUP	N	Y	N	N	N	Y	N	N
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	Y	N	N	N	N	N	N	N
STATE OWNED	Y	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N

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U = UNAVAILABLE

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TABLE 5-4.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR PSYCHIATRIC HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

	KS	KY	LA	ME	MD	MA	MI	MN
RATE INFORMATION-								
ESTIMATED AVERAGE								
NEW RATE AMOUNT \$	\$2637.00	\$356.86*	\$722.85	\$2821.00	NA	\$360.06*	\$285.00	NA
RATE YEAR-	07011991	07011993*	03011993	0701	NA	07011993*	07011989	NA
METHOD OF PAYMENT-								
BEGINS (MDDDDYY)	Y	Y*	Y	N	N	Y	Y	N
PROSPECTIVE	N	N*	N	N	N	N	Y	Y
RETROSPECTIVE	N	N	N	Y	N	N	N	N
OTHER								
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	Y	N*	N	N	N	N	N	N
ALL INCLUSIVE PER DIEM	N	Y*	Y	N	N	N	N	Y
PER DIEM PLUS ADDITIONS	N	N*	N	N	N	N	Y	N
PER DISCHARGE	N	N*	N	N	N	N	N	N
PER CASE	N	N*	N	N	N	N	N	N
PER ADMISSION	N	N*	N	N	N	N	N	N
CASE MIX PER DIEM	N	N*	N	N	N	N	Y	N
OTHER	N	N	N	Y	N	Y	N	N
TREND INDEX-								
DRI NATIONAL	N	N*	N	N	N	Y	N	N
DRI REGIONAL	N	Y*	N	N	N	N	N	N
HCFA MARKET BASKET	N	N*	Y	N	N	N	N	N
CONSUMER PRICE INDEX	Y	N*	N	N	N	N	N	N
OTHER	N	N	N	Y	Y	N	N	N
ANCILLARY SERVICES-								
INCLUDED	Y	Y*	Y	Y	N	Y	Y	Y
PER DIEM	N	Y*	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	Y*	N	Y	N	Y	N	N
RESERVED BED DAYS	N	N*	N	Y	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N*	N	N	N	N	N	N
PEER GROUP	Y	Y*	N	N	N	N	N	N
HIGH/LOW COST	N	N*	N	N	N	N	N	N
NUMBER OF BEDS	Y	N*	N	N	N	N	N	N
STATE OWNED	N	N*	N	N	N	N	Y	Y
OTHER	N	N	N	N	N	N	N	N

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U = UNAVAILABLE

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TABLE 5-4.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR PSYCHIATRIC HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 7

	MS	MO	MT	NE	NV	NH	NJ	NM
RATE INFORMATION- ESTIMATED AVERAGE NEW RATE AMOUNT \$	\$220.20*	\$480.81	\$0.00*	\$463.86	\$95.56	\$3145.00	\$236.50*	NA
RATE YEAR-	07011993*	04181992	00000000*	07011993	0701 1993	10011992	01011992	NA
METHOD OF PAYMENT-								
PROSPECTIVE	N	Y	N*	Y	N	Y	Y	N
RETROSPECTIVE	N	N	N*	N	Y	N	N	N
OTHER	N	N	N*	N	N	N	N	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	N*	N	N	Y	N	N
ALL INCLUSIVE PER DIEM	N	Y	N*	Y	N	N	Y	N
PER DIEM PLUS ADDITIONS	N	N	N*	N	N	N	N	N
PER DISCHARGE	N	N	N*	N	N	N	N	N
PER CASE	N	N	N*	N	N	N	N	N
PER ADMISSION	N	N	N*	N	N	N	N	N
CASE MIX PER DIEM	N	N	N*	N	N	N	N	N
OTHER	N	N	N*	N	Y	N	N	N
TREND INDEX-								
DRI NATIONAL	N	N	N*	N	N	N	N	N
DRI REGIONAL	N	N	N*	N	N	N	Y	N
HCFA MARKET BASKET	N	N	N*	Y	N	N	N	N
CONSUMER PRICE INDEX	N	N	N*	N	N	N	N	N
OTHER	N	Y	N*	N	N	Y	Y	N
ANCILLARY SERVICES-								
INCLUDED	N	Y	N*	Y	Y	Y	Y	N
PER DIEM	N	N	N*	N	N	N	N	N
OTHER	N	N	N*	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N*	N	Y	N	Y	N
RESERVED BED DAYS	N	N	N*	N	N	N	N	N
OTHER	N	N	N*	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N*	N	N	N	N	N
PEER GROUP	N	N	N*	N	N	N	N	N
HIGH/LOW COST	N	N	N*	N	N	N	Y	N
NUMBER OF BEDS	N	N	N*	N	N	N	N	N
STATE OWNED	N	N	N*	N	N	N	Y	N
OTHER	N	N	N*	N	Y	N	N	N

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U = UNAVAILABLE

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TABLE 5-4.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR PSYCHIATRIC HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 7

	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
RATE INFORMATION-								
ESTIMATED AVERAGE								
NEW RATE AMOUNT \$	\$863.96	\$330.31*	\$203.34	NA	\$463.05*	\$163.50	\$0.00	NA
RATE YEAR-								
BEGINS (MMDDYYYY)	04011993	07011993*	07011991	NA	07011993*	0101	0701	NA
METHOD OF PAYMENT-								
PROSPECTIVE	Y	Y	N	N	Y	N	Y*	Y
RETROSPECTIVE	N	Y	Y	N	N	Y	N*	N
OTHER	N	N	N	N	N	N	Y	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	N	N	N	N	N*	N
ALL INCLUSIVE PER DIEM	Y	Y	N	N	Y	Y	Y*	N
PER DIEM PLUS ADDITIONS	N	N	Y	N	N	N	N*	N
PER DISCHARGE	N	N	N	N	N	N	N*	N
PER CASE	N	N	N	N	N	N	N*	N
PER ADMISSION	N	N	N	N	N	N	N*	N
CASE MIX PER DIEM	N	N	N	N	Y	N	N*	N
OTHER	N	N	N	N	N	N	N	Y
TREND INDEX-								
DRI NATIONAL	N	N	N	N	Y	N	Y*	N
DRI REGIONAL	N	N	N	N	N	N	N*	N
HCFA MARKET BASKET	N	Y	N	N	Y	Y	N*	N
CONSUMER PRICE INDEX	N	N	N	N	N	N	N*	N
OTHER	Y	Y	N	N	Y	N	N	Y
ANCILLARY SERVICES-								
INCLUDED	Y	Y	N	N	Y	Y	Y*	Y
PER DIEM	N	Y	N	N	N	N	Y*	N
OTHER	N	Y	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	Y	N	N	N	N	N	N*	Y
RESERVED BED DAYS	N	N	N	N	N	N	N*	Y
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	N	N	N	N*	N
PEER GROUP	N	Y	N	N	Y	N	N*	N
HIGH/LOW COST	N	N	N	N	N	N	N*	N
NUMBER OF BEDS	N	N	N	N	N	N	N*	N
STATE OWNED	Y	Y	Y	N	N	N	N*	N
OTHER	N	N	N	N	N	N	N	N

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U = UNAVAILABLE

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TABLE 5-4.

HCFA STATE PROFILE DATA SYSTEM
 PAYMENT FOR PSYCHIATRIC HOSPITAL SERVICES
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 7

- SC - - SD - - TN - - TX - - UT - - VT - - VA - - WA -											
=====											
RATE INFORMATION-											
ESTIMATED AVERAGE											
NEW RATE AMOUNT \$											
RATE YEAR-											
BEGINS(MMDDYYYY)											
METHOD OF PAYMENT-											
PROSPECTIVE											
RETROSPECTIVE											
OTHER											
UNIT OF PAYMENT-											
DIAGNOSIS RELATED GROUP											
ALL INCLUSIVE PER DIEM											
PER DIEM PLUS ADDITIONS											
PER DISCHARGE											
PER CASE											
PER ADMISSION											
CASE MIX PER DIEM											
OTHER											
TREND INDEX-											
DRI NATIONAL											
DRI REGIONAL											
HCFA MARKET BASKET											
CONSUMER PRICE INDEX											
OTHER											
ANCILLARY SERVICES-											
INCLUDED											
PER DIEM											
OTHER											
OTHER SERVICES-											
ADMIN NECESSARY DAYS											
RESERVED BED DAYS											
OTHER											
GROUP CLASSIFICATION-											
LOCATION											
PEER GROUP											
HIGH/LOW COST											
NUMBER OF BEDS											
STATE OWNED											
OTHER											
=====											

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 OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE
 SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

TABLE 5-4.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR PSYCHIATRIC HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 7 OF 7

- WV - - WI - - WY -

RATE INFORMATION-			
ESTIMATED AVERAGE			
NEW RATE AMOUNT \$	\$0.00	NA	\$303.00
RATE YEAR-			
BEGINS(MMDDYYYY)	00000000	NA	07011991
METHOD OF PAYMENT -			
PROSPECTIVE	N	Y	Y
RETROSPECTIVE	N	N	N
OTHER	N	N	N
UNIT OF PAYMENT-			
DIAGNOSIS RELATED GROUP	N	Y	N
ALL INCLUSIVE PER DIEM	N	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N
PER DISCHARGE	N	N	N
PER CASE	N	N	N
PER ADMISSION	N	N	N
CASE MIX PER DIEM	N	N	N
OTHER	Y	N	N
TREND INDEX-			
DRI NATIONAL	N	Y*	N
DRI REGIONAL	N	U*	N
HCFA MARKET BASKET	N	Y*	N
CONSUMER PRICE INDEX	N	N*	N
OTHER	Y	N	N
ANCILLARY SERVICES-			
INCLUDED	N	N	Y
PER DIEM	N	N	N
OTHER	N	N	N
OTHER SERVICES-			
ADMIN NECESSARY DAYS	N	N	Y
RESERVED BED DAYS	N	N	N
OTHER	N	N	N
GROUP CLASSIFICATION-			
LOCATION	N	N	N
PEER GROUP	N	N	N
HIGH/LOW COST	N	N	N
NUMBER OF BEDS	N	N	N
STATE OWNED	N	N	Y
OTHER	Y	N	N

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TABLE 5-5.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR OTHER TYPES OF HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 7

	AL	AK	AZ	AR	CA	CO	CT	DE
RATE INFORMATION-								
ESTIMATED AVERAGE								
NEW RATE AMOUNT \$	\$590.29	NA	NA	\$350.00	NA	\$941.24	NA	NA
RATE YEAR-								
BEGINS (MMDDYYYY)	01011993	NA	NA	08011991	NA	07011991	NA	NA
METHOD OF PAYMENT-								
PROSPECTIVE	Y	N	N	Y	N	Y	N	N
RETROSPECTIVE	N	N	N	N	Y	N	Y	N
OTHER	N	N	N	N	Y	N	N	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	N	N	N	N	N	N
ALL INCLUSIVE PER DIEM	Y	N	N	Y	N	Y	Y	N
PER DIEM PLUS ADDITIONS	N	N	N	N	N	Y	N	N
PER DISCHARGE	N	N	N	N	Y	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N	N	N
TREND INDEX-								
DRI NATIONAL	N	N	N	N	N	N	N	N
DRI REGIONAL	Y	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N	Y	N	N
CONSUMER PRICE INDEX	N	N	N	Y	N	N	N	N
OTHER	N	N	N	N	Y	N	N	N
ANCILLARY SERVICES-								
INCLUDED	N	N	N	Y	U	N	Y	N
PER DIEM	Y	N	N	N	U	N	Y	N
OTHER	N	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	Y	N	N	N
RESERVED BED DAYS	N	N	N	N	U	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	N	N	N	N	N
PEER GROUP	Y	N	N	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N	N	N	N
STATE OWNED	N	N	N	N	Y	N	N	N
OTHER	N	N	N	N	N	Y	N	N

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U = UNAVAILABLE

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TABLE 5-5.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR OTHER TYPES OF HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 7

	DC	FL	GA	HI	ID	IL	IN	IA
RATE INFORMATION-								
ESTIMATED AVERAGE								
NEW RATE AMOUNT \$								
RATE YEAR-	NA	\$662.54*	NA	NA	NA	\$690.80	\$360.00	\$3170.00
BEGINS(MDDYYYY)	NA	07011993*	NA	NA	NA	0701	03011993	07011993
METHOD OF PAYMENT-								
PROSPECTIVE	N	Y	N	N	N	Y	Y	Y
RETROSPECTIVE	Y	N	N	N	N	Y	Y	N
OTHER	N	N	N	N	N	Y	N	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	N	N	N	N	N	Y
ALL INCLUSIVE PER DIEM	N	Y	N	N	N	N	Y	N
PER DIEM PLUS ADDITIONS	Y	N	N	N	N	Y	N	N
PER DISCHARGE	Y*	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	Y*	N	N	N	N	N	Y	Y
TREND INDEX-								
DRI NATIONAL	N	N	N	N	N	Y	N	N
DRI REGIONAL	N	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N	N	Y	N
CONSUMER PRICE INDEX	N	N	N	N	N	N	N	N
OTHER	Y	Y	N	N	N	N	Y	Y
ANCILLARY SERVICES-								
INCLUDED	U	N	N	N	N	Y	Y	Y
PER DIEM	U	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N	Y	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	Y	N	N	N
RESERVED BED DAYS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	Y	N	N	N	N	N	N	N
PEER GROUP	N	Y	N	N	N	Y	N	N
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N	N	N	N
STATE OWNED	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N

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TABLE 5-5.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR OTHER TYPES OF HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
RATE INFORMATION-								
ESTIMATED AVERAGE								
NEW RATE AMOUNT \$	\$323.16	\$604.50*	\$722.85	NA	NA	\$360.06*	NA	NA
RATE YEAR-								
BEGINS(MDDDDYYY)	07011991	07011993*	03011993	NA	NA	07011993*	NA	NA
METHOD OF PAYMENT -								
PROSPECTIVE	N	Y*	Y	N	N	Y	Y	N
RETROSPECTIVE	N	N*	N	N	Y	N	Y	N
OTHER	Y	N	N	N	N	N	N	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N*	N	N	N	N	N	N
ALL INCLUSIVE PER DIEM	N	Y*	Y	N	Y	N	N	N
PER DIEM PLUS ADDITIONS	N	N*	N	N	N	N	Y	N
PER DISCHARGE	N	N*	N*	N	N	N	N	N
PER CASE	Y	N*	N	N	N	N	N	N
PER ADMISSION	N	N*	N	N	N	N	N	N
CASE MIX PER DIEM	N	N*	N	N	N	N	N	N
OTHER	N	N	N	N	N	Y	N	N
TREND INDEX-								
DRI NATIONAL	N	N*	N	N	N	Y	N	N
DRI REGIONAL	N	Y*	N	N	N	N	N	N
HCFA MARKET BASKET	N	N*	Y	N	N	N	N	N
CONSUMER PRICE INDEX	N	N*	N	N	N	N	N	N
OTHER	Y	N	N	N	Y	N	N	N
ANCILLARY SERVICES-								
INCLUDED	N	Y*	Y	N	Y	Y	N	N
PER DIEM	N	Y*	N	N	N	N	N	N
OTHER	N	N	N	N	N	Y	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	Y*	N	N	Y	Y	N	N
RESERVED BED DAYS	N	N*	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N*	N	N	N	N	N	N
PEER GROUP	Y	Y*	N	N	N	N	N	N
HIGH/LOW COST	N	Y*	N	N	N	N	N	N
NUMBER OF BEDS	Y	N*	N	N	N	N	N	N
STATE OWNED	N	N*	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	Y	N

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TABLE 5-5.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR OTHER TYPES OF HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 7

	MS	MO	MT	NE	NV	NH	NJ	NM
RATE INFORMATION-								
ESTIMATED AVERAGE								
NEW RATE AMOUNT \$								
RATE YEAR-								
BEGINS (MMDDYYYY)								
METHOD OF PAYMENT-								
PROSPECTIVE								
RETROSPECTIVE								
OTHER								
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP								
ALL INCLUSIVE PER DIEM								
PER DIEM PLUS ADDITIONS								
PER DISCHARGE								
PER CASE								
PER ADMISSION								
CASE MIX PER DIEM								
OTHER								
TREND INDEX-								
DRI NATIONAL								
DRI REGIONAL								
HCFA MARKET BASKET								
CONSUMER PRICE INDEX								
OTHER								
ANCILLARY SERVICES-								
INCLUDED								
PER DIEM								
OTHER								
OTHER SERVICES-								
ADMIN NECESSARY DAYS								
RESERVED BED DAYS								
OTHER								
GROUP CLASSIFICATION-								
LOCATION								
PEER GROUP								
HIGH/LOW COST								
NUMBER OF BEDS								
STATE OWNED								
OTHER								

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PAYMENT FOR OTHER TYPES OF HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

	NY	NC	ND	OH	OK	PA	RI
RATE INFORMATION-							
ESTIMATED AVERAGE							
NEW RATE AMOUNT \$	\$240.89	\$521.52*	\$215.25	NA	\$762.00*	\$0.00	NA
RATE YEAR-	07011993	07011993*	07011991	NA	02011993*	0701	NA
BEGINS(MMDDYYYY)	Y	N	N	N	Y	N	N
METHOD OF PAYMENT-	N	N	Y	Y	N*	Y	N
PROSPECTIVE	N	N	N	N	N*	N	N
RETROSPECTIVE							
OTHER							
UNIT OF PAYMENT-							
DIAGNOSIS RELATED GROUP	N	N	N	N	N*	N	N
ALL INCLUSIVE PER DIEM	Y	N	N	Y	N*	Y	N
PER DIEM PLUS ADDITIONS	N	N	Y	N	N*	N	N
PER DISCHARGE	N	N	N	N	N*	N	N
PER CASE	N	N	N	N	N*	N	N
PER ADMISSION	N	N	N	N	N*	N	N
CASE MIX PER DIEM	N	N	N	N	N*	N	N
OTHER	N	N	N	Y	N*	N	N
TREND INDEX-							
DRI NATIONAL	N*	N	N	N	N*	N	N
DRI REGIONAL	N*	N	N	N	N*	N	N
HCFA MARKET BASKET	N*	N	N	N	N*	N	N
CONSUMER PRICE INDEX	N*	N	N	N	N*	N	N
OTHER	Y*	Y	N	Y	N*	N	N
ANCILLARY SERVICES-							
INCLUDED	Y	N	N	Y	N*	Y	N
PER DIEM	N	N	N	Y	N*	N	N
OTHER	N	N	N	N	N*	N	N
OTHER SERVICES-							
ADMIN NECESSARY DAYS	N	N	N	N	N*	N	N
RESERVED BED DAYS	N	N	N	N	N*	N	N
OTHER	N	N	N	N	N*	N	N
GROUP CLASSIFICATION-							
LOCATION	N	N	N	N	N*	N	N
PEER GROUP	N	N	Y	N	N*	N	N
HIGH/LOW COST	N	N	N	N	N*	N	N
NUMBER OF BEDS	N	N	N	N	N*	N	N
STATE OWNED	N	N	N	N	N*	N	N
OTHER	N	N	N	N	N*	N	N

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TABLE 5-5.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR OTHER TYPES OF HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 7

	SC	SD	TN	TX	UT	VA	WA
RATE INFORMATION-							
ESTIMATED AVERAGE							
NEW RATE AMOUNT \$	NA	\$181.65	NA	\$5940.24	\$3189.00	NA	NA
RATE YEAR-							
BEGINS(MDDDDYY)	NA	07011991	NA	10011993	07011993	NA	NA
METHOD OF PAYMENT-							
PROSPECTIVE	N	N	N	N	Y	Y	N
RETROSPECTIVE	N	Y	N	N	N	N	N
OTHER	N	N	N	N	N	N	N
UNIT OF PAYMENT-							
DIAGNOSIS RELATED GROUP	N	N	N	N	Y	N	N
ALL INCLUSIVE PER DIEM	N	N	N	N	Y	Y	N
PER DIEM PLUS ADDITIONS	N	N	N	N	N	N	N
PER DISCHARGE	N	Y	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N	Y
TREND INDEX-							
DRI NATIONAL	N	N	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N	Y	N
HCFA MARKET BASKET	N	N	N	N	N	Y	N
CONSUMER PRICE INDEX	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N
ANCILLARY SERVICES-							
INCLUDED	N	N	N	N	Y	Y	Y
PER DIEM	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N
OTHER SERVICES-							
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N
RESERVED BED DAYS	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N
GROUP CLASSIFICATION-							
LOCATION	N	N	N	N	N	Y	N
PEER GROUP	N	Y	N	N	N	Y	Y
HIGH/LOW COST	N	N	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N	Y	N
STATE OWNED	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N	N

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TABLE 5-5. HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR OTHER TYPES OF HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

	WV	WI	WY
RATE INFORMATION-			
ESTIMATED AVERAGE			
NEW RATE AMOUNT \$	\$0.00	NA	NA
RATE YEAR-			
BEGINS(MDDDDYYY)	00000000	NA	NA
METHOD OF PAYMENT-			
PROSPECTIVE	N	Y	N
RETROSPECTIVE	N	N	N
OTHER	N	N	N
UNIT OF PAYMENT-			
DIAGNOSIS RELATED GROUP	N	N	N
ALL INCLUSIVE PER DIEM	N	Y	N
PER DIEM PLUS ADDITIONS	N	N	N
PER DISCHARGE	N	N	N
PER CASE	N	N	N
PER ADMISSION	N	N	N
CASE MIX PER DIEM	N	N	N
OTHER	Y	N	N
TREND INDEX-			
DRI NATIONAL	N	U*	N
DRI REGIONAL	N	U*	N
HCFA MARKET BASKET	N	Y*	N
CONSUMER PRICE INDEX	N	U*	N
OTHER	Y	N	N
ANCILLARY SERVICES-			
INCLUDED	N	N	N
PER DIEM	N	N	N
OTHER	N	N	N
OTHER SERVICES-			
ADMIN NECESSARY DAYS	N	N	N
RESERVED BED DAYS	N	N	N
OTHER	N	N	N
GROUP CLASSIFICATION-			
LOCATION	N	N	N
PEER GROUP	N	N	N
HIGH/LOW COST	N	N	N
NUMBER OF BEDS	N	N	N
STATE OWNED	N	N	N
OTHER	Y	N	N

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TABLE 5-6.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR NURSING HOME FACILITY SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 1 OF 7

	AL -	AK -	AZ -	AR -	CA -	CO -	CT -	DE -
RATE INFORMATION-								
ESTIMATED AVERAGE								
NEW RATE AMOUNT \$	\$71.91*	\$315.20*	NA	\$54.86	\$88.99*	\$74.17	\$112.50	NA
RATE YEAR-								
BEGINS(MMDDYYYY)	10011993*	07011993*	NA	07011993	08011993*	10011993	10011992	NA
METHOD OF RATE DETERMINATION-								
PROSPECTIVE	Y	Y	N	Y	Y	N	N	Y
RETROSPECTIVE	N	N	N	Y	N	Y	Y	N
OTHER	N	N	N	N	Y*	N	N	Y
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	Y	Y	N	Y	Y	Y	Y	N
PER DIEM PLUS ADDITIONS	N	N	N	N	Y	N	N	Y
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	Y
OTHER	N	N	N	Y	Y	N	N	Y
TREND INDEX-								
DRI NATIONAL	N	Y	N	N	N	N	N	N
DRI REGIONAL	Y	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N	N	N	Y
CONSUMER PRICE INDEX	N	N	N	Y	N	N	N	Y
OTHER	N	N	N	N	Y	N	N	N
ANCILLARY SERVICES-								
INCLUDED	N	Y	N	Y	Y	N	N	Y
PER DIEM	N	N	N	N	Y	N	N	N
OTHER	N	N	N	N	Y	N	Y	Y
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y	Y	Y	Y
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	N	Y	N	N	Y
PEER GROUP	Y	N	N	N	Y	N	N	N
HIGH/LOW COST	N	N	N	N	Y	N	N	N
NUMBER OF BEDS	N	N	N	N	Y	N	N	N
STATE OWNED	N	N	N	Y	N	N	N	Y
OTHER	N	N	N	Y	N	Y	N	N

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TABLE 5-6.

HCFA STATE PROFILE DATA SYSTEM
 PAYMENT FOR NURSING HOME FACILITY SERVICES
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

	DC	FL	GA	HI	ID	IL	IN	IA
RATE INFORMATION-								
ESTIMATED AVERAGE								
NEW RATE AMOUNT \$	\$125.46	\$80.22*	\$67.02*	\$134.82	\$73.24	\$62.23	\$64.93	\$53.34*
RATE YEAR-	09011993	07011993*	11011993*	07011993	07011993	07011992	07011993	07011993*
METHOD OF RATE DETERMINATION-								
PROSPECTIVE	Y	Y*	Y	Y	N	Y	Y	Y*
RETROSPECTIVE	N	N*	N	N	Y	Y	N	N*
OTHER	N	N	N	N	N	N	Y*	N*
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	N	Y	N	Y	N	N	N	N*
PER DIEM PLUS ADDITIONS	Y	N	Y	Y	Y	Y	Y	Y*
PER DISCHARGE	N	N	N	N	N	N	N	N*
PER CASE	N	N	N	N	N	N	N	N*
PER ADMISSION	N	N	N	N	N	N	N	N*
CASE MIX PER DIEM	N	Y	N	N	N	Y	N	N*
OTHER	N	N	N	N	N	N	Y	N*
TREND INDEX-								
DRI NATIONAL	N	N	Y	Y	N	Y	N	N*
DRI REGIONAL	N	N	N	N	N	N	N	N*
HCFA MARKET BASKET	Y	N	N	N	Y	N	N	N*
CONSUMER PRICE INDEX	N	N	N	N	N	Y	N	Y*
OTHER	N	Y	N	N	N	Y	Y	Y*
ANCILLARY SERVICES-								
INCLUDED	N	N	N	Y	N	N	N	N*
PER DIEM	Y	N	N	Y	N	Y	N	N*
OTHER	N	N	N	Y	N	N	Y	N*
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N*
RESERVED BED DAYS	N	N	N	Y	N	Y	Y	Y*
OTHER	N	N	N	N	N	N	N	N*
GROUP CLASSIFICATION-								
LOCATION	Y	Y	N	N	N	Y	Y	N*
PEER GROUP	N	N	N	Y	Y	Y	N	N*
HIGH/LOW COST	N	N	N	N	N	Y	N	N*
NUMBER OF BEDS	Y	Y	N	N	N	N	Y	N*
STATE OWNED	N	N	N	N	N	Y	N	Y*
OTHER	N	N	Y	N	N	N	N	Y*

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TABLE 5-6.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR NURSING HOME FACILITY SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
RATE INFORMATION-								
ESTIMATED AVERAGE								
NEW RATE AMOUNT \$	\$56.14*	\$69.14*	\$68.83*	\$96.30*	\$78.10	\$93.64*	\$67.54	\$88.21*
RATE YEAR-								
BEGINS(MMDDYYYY)	07011993*	10011994*	10011993*	07011993*	0114	07011993*	07011992	10011993*
METHOD OF RATE DETERMINATION-								
PROSPECTIVE	Y*	Y	Y	Y	Y*	N	Y	Y
RETROSPECTIVE	N*	N	Y	N	Y*	Y	N	N
OTHER	N	N	N	N	Y*	N	N	N
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	N*	N	Y	Y	N*	N	Y	N
PER DIEM PLUS ADDITIONS	Y*	N	Y	N	Y*	N	N	Y
PER DISCHARGE	N*	N	N	N	N*	N	N	N
PER CASE	N*	N	N	N	N*	N	N	N
PER ADMISSION	N*	N	N	N	N*	N	N	N
CASE MIX PER DIEM	N*	Y	N	N	Y*	Y	N	Y
OTHER	N	N	N	N	N	N	Y	N
TREND INDEX-								
DRI NATIONAL	N*	N	N	N	N*	Y	N	Y
DRI REGIONAL	N*	Y	N	N	N*	N	N	Y
HCFA MARKET BASKET	N*	N	N	N	N*	N	N	N
CONSUMER PRICE INDEX	N*	N	Y	N	Y*	N	N	N
OTHER	Y*	N	N	Y	Y*	N	Y	N
ANCILLARY SERVICES-								
INCLUDED	N*	N	Y	Y	N*	N	N	Y
PER DIEM	N*	N	N	Y	Y*	N	N	Y
OTHER	Y*	N	N	N	N	N	N	Y
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N*	N	N	N	Y*	N	N	N
RESERVED BED DAYS	Y*	N	Y	Y	N*	Y	N	Y
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N*	N	N*	N	Y*	N	N	Y
PEER GROUP	Y*	N	Y	N	N*	N	N	Y
HIGH/LOW COST	N*	N	N	N	N*	N	N	Y
NUMBER OF BEDS	N*	N	N	N	N*	N	N	N
STATE OWNED	N*	N	Y	N	N*	N	Y	Y
OTHER	N	Y	Y*	N	N	N	Y	N

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TABLE 5-6.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR NURSING HOME FACILITY SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 4 OF 7

	MS	MO	MT	NE	NV	NH	NJ	NM
RATE INFORMATION-								
ESTIMATED AVERAGE								
NEW RATE AMOUNT \$	\$59.01*	\$58.16*	\$74.65*	\$64.44	\$67.21	\$97.70	\$121.20	\$76.63
RATE YEAR-								
BEGINS(MDDVVVV)	07011993*	12091993*	07011993*	07011992	07011993	01011993	10011992	10011993
METHOD OF RATE DETERMINATION-								
PROSPECTIVE	Y	Y	Y*	N	N	Y	Y	Y
RETROSPECTIVE	N	N	N	Y	N	Y	N	N
OTHER	N	N	N	N	N	N	N	N
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	N	Y	N	Y	N	Y	Y	Y
PER DIEM PLUS ADDITIONS	Y	N	Y*	N	Y	N	N	N
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	Y	N	N	Y	N
OTHER	N	N	N	N	N	N	N	N
TREND INDEX-								
DRI NATIONAL	N	N	Y*	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	Y	Y	Y	Y
OTHER	Y	Y	Y	Y	Y	N	Y	N
ANCILLARY SERVICES-								
INCLUDED	N	Y	Y*	Y	Y	Y	Y	N
PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	Y*	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N
RESERVED BED DAYS	N	Y	Y*	Y	Y	Y	Y	Y
OTHER	N	N	N	N	Y	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	N	Y	N	Y	N
PEER GROUP	N	N	N	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	Y	N	N	N	N	Y	N	Y
STATE OWNED	N	N	N	Y	N	N	N	Y
OTHER	N	N	N	N	N	N	N	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE).
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TABLE 5-6.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR NURSING HOME FACILITY SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 5 OF 7

	- NY -	- NC -	- ND -	- OH -	- OK -	- PA -	- RI -
RATE INFORMATION-							
ESTIMATED AVERAGE							
NEW RATE AMOUNT \$	\$128.10*	\$69.13*	\$73.61*	\$86.55	\$48.90*	\$76.09	\$94.00*
RATE YEAR-	10011993*	10011993*	01011994*	07011993	07011992*	07011993	07011993*
METHOD OF RATE DETERMINATION-							
PROSPECTIVE	Y	Y	Y*	Y	Y	N	Y
RETROSPECTIVE	N	Y	N	N	N	Y	N
OTHER	Y	Y	N	Y	N	N	N
UNIT OF PAYMENT-							
ALL INCLUSIVE PER DIEM	Y	Y	N	Y	Y	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	Y	N	N	N	N
OTHER	N	N	N	Y*	N	N	N
TREND INDEX-							
DRI NATIONAL	N	N	N*	N	N	N	N
DRI REGIONAL	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	Y*	N	Y	Y	N
OTHER	Y*	Y	N	Y	N	Y	Y
ANCILLARY SERVICES-							
INCLUDED	Y	Y	N	Y	N	Y	Y
PER DIEM	N	Y	N	N	N	N	N
OTHER	Y	Y	N	N	N	N	N
OTHER SERVICES-							
ADMIN NECESSARY DAYS	N	N	N	Y	N	N	N
RESERVED BED DAYS	N	Y	Y	Y	Y	Y	N
OTHER	N	N	N	N	N	N	N
GROUP CLASSIFICATION-							
LOCATION	Y	N	N	N	N	Y	N
PEER GROUP	Y	Y	N	N	Y	N	N
HIGH/LOW COST	Y	N	Y	N	N	N	N
NUMBER OF BEDS	Y	N	N	N	N	N	N
STATE OWNED	N	Y	N	N	N	N	N
OTHER	Y	Y	N	N	N	Y	N

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TABLE 5-6.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR NURSING HOME FACILITY SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 6 OF 7

	SC	SD	TN	TX	UT	VA	WA
RATE INFORMATION-							
ESTIMATED AVERAGE							
NEW RATE AMOUNT \$	\$68.48*	\$59.70	\$49.97*	\$56.17	\$70.38	\$62.58	\$92.35*
RATE YEAR-							
BEGINS(MMDDYYYY)	10011993*	07011993	07011993*	10011993	07011993	0701	07101993*
METHOD OF RATE DETERMINATION-							
PROSPECTIVE	Y	Y	Y	Y	Y	Y	Y
RETROSPECTIVE	Y	N	Y	N	N	N	N
UNIT OF PAYMENT-	Y	N	N	N	N	Y	N
ALL INCLUSIVE PER DIEM	N	N	Y	Y	Y	N	N
PER DIEM PLUS ADDITIONS	Y	Y	N	Y	Y	N	Y
PER DISCHARGE	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	Y	N	Y	N	Y	N
OTHER	N	N	N	Y	Y	N	N
TREND INDEX-							
DRI NATIONAL	N	N	N	N	N	N	N
DRI REGIONAL	N	N	N	Y	N	Y	N
HCFA MARKET BASKET	N	N	N	N	N	Y	N
CONSUMER PRICE INDEX	N	N	N	N	N	N	N
OTHER	Y	Y	Y	Y	Y	N	Y
ANCILLARY SERVICES-							
INCLUDED	Y	N	Y	N	N	Y	Y
PER DIEM	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N
OTHER SERVICES-							
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N
RESERVED BED DAYS	N	Y	N	Y	Y	Y	N
OTHER	N	N	N	N	N	N	N
GROUP CLASSIFICATION-							
LOCATION	N	N	N	N	N	Y	Y
PEER GROUP	N	N	N	Y	N	Y	N
HIGH/LOW COST	N	N	N	N	N	N	N
NUMBER OF BEDS	Y	N	N	N	N	N	N
STATE OWNED	N	N	N	N	N	N	N
OTHER	N	Y	N	N	Y	N	N

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OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE

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TABLE 5-6.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR NURSING HOME FACILITY SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 7 OF 7

	WV	WI	WY
RATE INFORMATION-			
ESTIMATED AVERAGE			
NEW RATE AMOUNT \$	\$68.75	\$75.47	\$73.07*
RATE YEAR-			
BEGINS(MMDDYYYY)	0701	07011992	10011993*
METHOD OF RATE DETERMINATION-			
PROSPECTIVE	Y	Y	Y
RETROSPECTIVE	N	N	N
OTHER	N	N	N
UNIT OF PAYMENT-			
ALL INCLUSIVE PER DIEM	N	Y	N
PER DIEM PLUS ADDITIONS	Y	N	Y
PER DISCHARGE	N	N	N
PER CASE	N	N	N
PER ADMISSION	N	N	N
CASE MIX PER DIEM	N	N	N
OTHER	N	N	N
TREND INDEX-			
DRI NATIONAL	N	N	N
DRI REGIONAL	N	N	N
HCFA MARKET BASKET	N	N	N
CONSUMER PRICE INDEX	Y	N	N
OTHER	Y	Y	Y
ANCILLARY SERVICES-			
INCLUDED	Y	N	Y
PER DIEM	N	N	N
OTHER	N	Y	N
OTHER SERVICES-			
ADMIN NECESSARY DAYS	N	N	N
RESERVED BED DAYS	Y	N	Y
OTHER	N	N	N
GROUP CLASSIFICATION-			
LOCATION	U	Y	N
PEER GROUP	U	N	N
HIGH/LOW COST	U	N	N
NUMBER OF BEDS	U	Y	N
STATE OWNED	U	Y	N
OTHER	N	Y	N

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TABLE 5-7.

HCFA STATE PROFILE DATA SYSTEM
 PAYMENT FOR INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

RATE INFORMATION- ESTIMATED AVERAGE RATE YEAR-	\$98.69*	\$163.00	NA	\$145.97	\$148.88*	\$202.27	\$298.56	NA
BEGINS(MMDDYYYY)	10011993*	0701	NA	10011992	08011993*	10011993	07011992	NA
METHOD OF RATE DETERMINATION-								
PROSPECTIVE	Y	Y	N	Y	Y	N	N	Y
RETROSPECTIVE	N	N	N	Y	N	Y	Y	N
OTHER	N	N	N	N	Y*	N	N	N
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	Y	Y	N	N	N	Y	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	Y	N	N	N
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	Y	Y	N	N	N
TREND INDEX-								
DRI NATIONAL	N	Y	N	N	N	N	N	N
DRI REGIONAL	Y	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N	N	N	Y
CONSUMER PRICE INDEX	N	N	N	N	N	N	N	Y
OTHER	N	N	N	N	Y	N	N	N
ANCILLARY SERVICES-								
INCLUDED	N	Y	N	Y	Y	N	N	N
PER DIEM	N	N	N	N	Y	N	N	N
OTHER	N	N	N	N	Y	N	Y	Y
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y	Y	Y	Y
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	N	Y	N	N	N
PEER GROUP	Y	N	N	N	Y	N	N	N
HIGH/LOW COST	N	N	N	N	Y	N	N	N
NUMBER OF BEDS	N	N	N	Y	Y	N	N	N
STATE OWNED	N	N	N	Y	N	Y	N	Y
OTHER	N	N	N	N	N	N	N	N

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TABLE 5-7.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 2 OF 7

----- DC - FL - GA - HI - ID - IL - IN - IA -----									
=====									
RATE INFORMATION-									
ESTIMATED AVERAGE									
NEW RATE AMOUNT \$	\$207.36*	\$181.50*	\$183.45*	\$271.62	\$190.76	\$82.77	\$127.30	\$224.50*	
RATE YEAR-									
BEGINS(MMDDYYYY)	01011993*	11011993*	11011993*	07011993	04011991	0701	07011993	07011993*	
METHOD OF RATE DETERMINATION-									
PROSPECTIVE	Y	Y	Y	N	N	Y	Y	Y*	Y*
RETROSPECTIVE	N	N	N	N	Y	Y	N	N*	N*
OTHER	N	N	N	N	N	N	N	Y*	Y*
UNIT OF PAYMENT-									
ALL INCLUSIVE PER DIEM	N	Y	N	Y	N	N	Y	N*	N*
PER DIEM PLUS ADDITIONS	Y	N	Y	N	Y	Y	Y	Y*	Y*
PER DISCHARGE	N	N	N	N	N	N	N	N*	N*
PER CASE	N	N	N	N	N	N	N	N*	N*
PER ADMISSION	N	N	N	N	N	N	N	N*	N*
CASE MIX PER DIEM	N	Y	N	N	N	Y	N	N*	N*
OTHER	N	N	N	N	N	N	N	N	N
TREND INDEX-									
DRI NATIONAL	N	N	Y	Y	N	Y	N	N*	N*
DRI REGIONAL	N	N	N	N	N	N	N	N*	N*
HCFA MARKET BASKET	N	N	N	N	N	N	N	N*	N*
CONSUMER PRICE INDEX	Y	N	N	N	N	Y	N	Y*	Y*
OTHER	N	Y	N	N	N	N	Y	Y*	Y*
ANCILLARY SERVICES-									
INCLUDED	N	N	N	Y	N	N	Y	N*	N*
PER DIEM	Y	N	N	Y	N	Y	Y	N*	N*
OTHER	N	N	N	N	N	N	N	N*	N*
OTHER SERVICES-									
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N*	N*
RESERVED BED DAYS	N	N	N	Y	N	Y	Y	Y*	Y*
OTHER	N	N	N	N	N	N	N	N*	N*
GROUP CLASSIFICATION-									
LOCATION	Y	N	N	N	N	Y	Y	N*	N*
PEER GROUP	N	Y	Y	Y	Y	Y	N	N*	N*
HIGH/LOW COST	N	Y	N	N	N	Y	N	N*	N*
NUMBER OF BEDS	Y	N	N	N	N	Y	N	N*	N*
STATE OWNED	N	N	N	N	N	Y	Y	Y*	Y*
OTHER	N	N	N	N	N	N	N	N	N

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TABLE 5-7.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

PAGE 3 OF 7

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
RATE INFORMATION-								
ESTIMATED AVERAGE								
NEW RATE AMOUNT \$	\$105.10*	\$164.51*	\$85.98*	\$144.10*	NA	\$232.99	NA	\$113.12*
RATE YEAR-								
BEGINS (MMDDYYYY)	10011992*	10011994*	07011993*	07011993*	NA	07011993	NA	10011993*
METHOD OF RATE DETERMINATION-								
PROSPECTIVE	Y	Y	Y	Y	N	Y	N	Y*
RETROSPECTIVE	Y	N	N	N	Y	Y	Y	Y
OTHER	N	N	N	N	N	Y	N	N
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	N	N	Y	Y	N	Y	Y	N
PER DIEM PLUS ADDITIONS	Y	N	Y	N	Y	N	N	Y
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	Y*	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	Y	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
TREND INDEX-								
DRI NATIONAL	N	N	N	N	N	Y	N	N
DRI REGIONAL	N	Y	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N	N	N	N
CONSUMER PRICE INDEX	Y	N	Y	N	N	N	N	Y
OTHER	N	N	N	Y	N	Y	N	N
ANCILLARY SERVICES-								
INCLUDED	N	N	Y	Y	Y	Y	Y	Y
PER DIEM	N	N	N	Y	N	Y	N	Y
OTHER	Y	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N
RESERVED BED DAYS	Y	Y	Y	Y	N	N	N	Y
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	Y	Y	N*	N	N	N	N	N
PEER GROUP	Y	N	N	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	N	N	Y	N	N	Y	N	Y
STATE OWNED	Y	N	Y	N	Y	N	Y	Y
OTHER	N	N	Y*	N	Y	N	Y	N

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PAYMENT FOR INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

	MS	MO	MT	NE	NV	NH	NJ	NM
RATE INFORMATION-								
ESTIMATED AVERAGE								
NEW RATE AMOUNT \$	\$120.04*	\$131.90*	\$242.84*	\$121.67	NA	\$182.63	\$199.00	\$119.74
RATE YEAR-	07011993*	06071993*	07011993*	01011992	NA	01011993	07011992	09011990
BEGINS(MMDDYYYY)	Y	Y	N	Y	N	N	N	Y
METHOD OF RATE DETERMINATION-	N	N	Y*	N	Y	Y	Y	N
PROSPECTIVE	N	N	N	N	N	N	N	N
RETROSPECTIVE	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	N	Y	N	Y	N	Y	Y	Y
PER DIEM PLUS ADDITIONS	Y	N	Y*	N	Y	N	N	N
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	Y
OTHER	N	N	N	N	Y	N	N	N
TREND INDEX-								
DRI NATIONAL	N	N	N	N	N	N	N	N
DRI REGIONAL	N	N	Y	N	N	N	N	N
HCFA MARKET BASKET	N	N	Y*	N	N	N	N	Y
CONSUMER PRICE INDEX	N	N	N	Y	Y	Y	N	N
OTHER	N	Y	N	N	N	N	Y	N
ANCILLARY SERVICES-								
INCLUDED	N	Y	Y*	Y	Y	Y	Y	N
PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	Y	N	Y	Y	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N
RESERVED BED DAYS	N	Y	Y*	Y	Y	Y	N	Y
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	N	Y	N	N	N
PEER GROUP	N	N	Y	N	N	N	Y	N
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	Y	N	N	N	N	N	Y	N
STATE OWNED	N	Y	N	N	N	Y	N	N
OTHER	N	Y	N	N	Y	N	N	N

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TABLE 5-7.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
RATE INFORMATION-								
ESTIMATED AVERAGE								
NEW RATE AMOUNT \$	\$212.81	\$187.42*	\$125.27	\$152.11	\$58.00*	\$377.43	\$180.01	\$386.57*
RATE YEAR-	07011993	07011993*	07011993	07011993	07011992*	07011991	07011993	07011993*
METHOD OF RATE DETERMINATION-								
BEGINS(MMDDYYYY)								
PROSPECTIVE	N	Y	N	Y	Y	N	N	N
RETROSPECTIVE	Y	Y	Y	N	Y	Y	Y	Y
OTHER	N	N	N	Y	N	N	N	N
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	Y	Y	N	Y	Y	Y	Y	Y
PER DIEM PLUS ADDITIONS	Y*	N	Y	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	Y*	Y*	N	N	N
TREND INDEX-								
DRI NATIONAL	N	Y	N	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N	Y	N	N
CONSUMER PRICE INDEX	N	N	N	N	Y	N	N	Y
OTHER	Y	Y	N	Y	N	N	Y	Y
ANCILLARY SERVICES-								
INCLUDED	Y	N	N	Y	N	Y	Y	Y
PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	Y	N	N	N	N
RESERVED BED DAYS	N	N	Y	Y	Y	Y	Y	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	Y	N	N	N	N	N	N	N
PEER GROUP	N	Y	Y	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	Y	N	N	N	N	Y	N	N
STATE OWNED	Y	Y	N	N	Y	N	Y	N
OTHER	N	N	N	Y*	N	N	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE).
IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION,
OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE
SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

HCFA STATE PROFILE DATA SYSTEM
PAYMENT FOR INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED
EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

[illegible]

U = UNAVAILABLE

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

HCFA STATE PROFILE DATA SYSTEM
 PAYMENT FOR INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED
 EFFECTIVE MEDICAID STATE PLAN AS OF 12/31/93

----- WV ----- WI ----- WY -----			
=====			
RATE INFORMATION-			
ESTIMATED AVERAGE			
NEW RATE AMOUNT \$	\$0.00	\$131.96	\$153.17
RATE YEAR-			
BEGINS(MMDDYYYY)	00000000	07011992	07011993
METHOD OF RATE DETERMINATION-			
PROSPECTIVE	U*	Y	Y
RETROSPECTIVE	U*	N	N
OTHER	N	Y	N
UNIT OF PAYMENT-			
ALL INCLUSIVE PER DIEM	U*	N	Y
PER DIEM PLUS ADDITIONS	U*	Y	N
PER DISCHARGE	U*	N	N
PER CASE	N	N	N
PER ADMISSION	U*	N	N
CASE MIX PER DIEM	U*	N	N
OTHER	N	Y	N
TREND INDEX-			
DRI NATIONAL	U*	N	N
DRI REGIONAL	U*	N	N
HCFA MARKET BASKET	U*	N	N
CONSUMER PRICE INDEX	U*	N	N
OTHER	Y	Y	Y
ANCILLARY SERVICES-			
INCLUDED	U*	N	Y
PER DIEM	U*	N	N
OTHER	N	N	N
OTHER SERVICES-			
ADMIN NECESSARY DAYS	U*	N	N
RESERVED BED DAYS	U*	Y	Y
OTHER	N	N	N
GROUP CLASSIFICATION-			
LOCATION	U*	Y	N
PEER GROUP	U*	N	Y
HIGH/LOW COST	U*	N	N
NUMBER OF BEDS	U*	Y	N
STATE OWNED	U*	Y	N
OTHER	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE).
 IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION,
 OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE
 SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

Section 6:
Maximum Payment Rates for Obstetrical and Pediatric Services

Table 6-1.	Maximum Payment Rates for Obstetrical Services .	343
Table 6-2.	Maximum Payment Rates for Pediatric Services . . .	350

THE HISTORY OF THE CITY OF BOSTON

BY
JOSEPH NEALE, ESQ.
OF THE BARR

SECTION 6: OBSTETRICAL AND PEDIATRIC (OB/PED) SERVICES

By April 1 of each year, States must submit an SPA which specifies the payment rates they will use for obstetrical services for the 12-month period beginning July 1 of that year. States must include in the SPA specific information to document that these payment rates are sufficient to enlist enough providers so that obstetrical services are available to Medicaid recipients at least to the extent that such services are available to the general population in the geographic area. In addition, the States must submit data which document that payments to HMOs take into account payment rates for fee-for-service obstetrical services. The SPA must include data for the statewide average payment rates for obstetrical services furnished by obstetricians, obstetrician-gynecologists, family practitioners, certified family nurse practitioners, and certified nurse midwives, by procedure. States must provide these data by geographic area.

"Obstetrical services" are those services relating to pregnancy covered under the State plan provided by an obstetrician, obstetrician-gynecologist, family practitioner, certified family nurse practitioner, or certified nurse midwife. Obstetrical services do not include inpatient or outpatient hospital services or other institutional services.

States must also submit an SPA by April 1 of each year specifying the payment rates they will use for pediatric services for the 12-month period beginning July 1 of that year. States must include in the SPA specific information to document that these payment rates are sufficient to enlist enough providers so that pediatric services are available to Medicaid recipients at least to the extent that such services are available to the general population in the geographic area. In addition, the States must submit data which document that payments to HMOs take into account payment rates for fee-for-service pediatric services. The SPA must include data for the statewide average payment rates for pediatric services furnished by pediatricians, family practitioners, and certified pediatric nurse practitioners, by procedure. States must also provide these data by geographic area.

"Pediatric services" are services covered under the State plan provided by a pediatrician, family practitioner, or certified pediatric nurse practitioner to children under 18 years of age. Pediatric services do not include inpatient or outpatient hospital services or other institutional services.

States may establish payment levels for obstetrical or pediatric services that are higher for those services furnished in rural areas than those furnished in metropolitan statistical areas.

(Refer to section 1926 of the Act, Assuring Adequate Payment Levels for Obstetrical and Pediatric Services.)

OB/PED Data in the spDATA System

Baseline data for OB/PED Tables 6-1 and 6-2 consist of payment rates and methods for accessing the services that were effective July 1, 1993. Baseline OB/PED data were taken from the 1993 OB/PED SPA or from the most current approved yearly SPA (whichever was available for each State).

Table 6-1 Maximum Payment Rates For Obstetrical (OB) Services

Table 6-1 lists five obstetrical services identified by the American Medical Association's Physicians' Current Procedural Terminology (CPT) code and shows each State's maximum payment rate for each service if covered in the State plan. Table 6-1 also identifies the types of obstetrical practitioners who are paid the maximum rate for providing these services (obstetrician, obstetrician-gynecologist, family practitioner, certified family nurse practitioner, or certified nurse midwife). Table 6-1 does not show every OB CPT code. Although payment data for other OB procedures are required in OB SPAs, the spDATA System includes only the most frequently used CPT codes.

Payment rates may apply statewide or differ by geographic area. The table notes whether the payment rates are statewide.

States must include in their OB SPAs documentation that the OB payment rates assure that obstetrical practitioner services are available to Medicaid recipients at least to the extent that such services are available to the general population in the geographic area. States would use one or more of the methods listed on the table to document access to OB services:

- (a) 50% practitioner participation: At least 50 percent of the obstetricians, OB/GYNs, family practitioners, certified nurse midwives, and certified family nurse practitioners (as a group), or 100 percent if only one such practitioner is in the designated geographic area, are full Medicaid participants.
- (b) Comparison of practitioner participation to 3rd party insurer: Medicaid participation by obstetrical practitioners is at a rate equal to or greater than the participation of obstetrical practitioners in a major third party insurer (e.g., Blue Shield and Aetna).
- (c) Comparison of payment rates to 3rd party insurer: The fee-for-service payment rates for all obstetrical services listed in the SPA are at least 90 percent of the average allowance (weighted by frequency) of private insurers. The average allowance is the average usual, customary, and reasonable (UCR) amount. It includes the amount paid by the insurers plus coinsurance paid by those insured.

Although options (d) through (h) have not been described in detail in a published Medicaid manual, some States have been testing these methods.

- (d) Aggregate increase in payment rates: If the 90-percent standard (see (c) above) is not met, States must show the percentage of OB practitioners participating in Medicaid statewide at the current payment rates, then provide for an aggregate increase in these payment rates that is expected to

result in 50 percent of the OB practitioners participating in Medicaid. States must also describe how new payment rates were calculated and the basis for projecting a 50-percent OB practitioner participation rate.

- (e) Average number of visits: The average number of visits to OB practitioners per Medicaid recipient to receive OB services is compared to the average number of OB visits for the general population. The Medicaid average is derived from actual claims data (well care and all services received) for each substate geographic area. HMO enrollees may be excluded. The average number of visits for the general population may be derived from data from a major third party insurer, the American Medical Association, or other State resource approved by HCFA. States are to show that Medicaid recipients participate at a rate equal to or greater than the general population.
- (f) Ratio approach: The data reflect an allocation of the Medicaid-participating practitioner's time spent treating Medicaid recipients compared to the provider's time spent treating non-Medicaid patients.
- (g) Recipient surveys: A State may measure recipient participation using statistically valid sampling techniques and surveys.
- (h) Program initiatives: Under a section 1915(b) waiver the State could set up case management systems which guarantee that Medicaid recipients have access to OB services.
- (i) Other: A State may use other HCFA-approved methods to document that recipients have access to OB services.

Table 6-2 Maximum Payment Rates for Pediatric (PED) Services

Table 6-2.1 lists pediatric services identified by CPT code, shows each State's maximum payment rate for each service covered in the State plan, and identifies the types of practitioners who may be paid maximum rates for providing these services (pediatrician, family practitioner, and certified pediatric nurse practitioner).

Table 6-2.1 does not show every PED CPT code. Although payment data for other PED procedures are required in PED SPAs, the spDATA System includes only the most frequently used PED CPT codes.

Payment rates may apply statewide or differ by geographic area. The table notes whether the payment rates are statewide.

The methods States use to document access to PED services are the same as those used for obstetrical access except that only pediatric practitioners are counted (see definitions above).

NOTE: Immunization rates reported by States vary widely. This variation may be because they are using different reimbursement methods. The three options available to the States are:

1. Do not pay for the vaccine, do not pay for administering the vaccine;
2. Do not pay for the vaccine, but pay for administering the vaccine; and
3. Pay for the vaccine, and pay for administering the vaccine.

MAXIMUM PAYMENT RATES: OBSTETRICAL (OB) SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 07/01/93

	AL	AK	AZ	AR	CA	CO	CT	DE
MAXIMUM RATES:								

59400 ROUTINE OB CARE (ALL PHASES PREGNANCY; VAGINAL DELIVERY)	1700.00	---	1520.00	940.00	961.20	961.78	1890.00	---
59410 VAGINAL DELIVERY, INCL. POSTPARTUM	1300.00	1327.00	1085.70	452.00	480.60	520.84	1440.00	680.00
59430 POSTPARTUM CARE ONLY	50.00	66.00	36.30	---	---	81.90	90.00	35.00
59510 ROUTINE OB CARE (ALL PHASES PREGNANCY; CESAREAN DELIVERY)	1700.00	---	2000.00	940.00	961.27	1402.39	2250.00	---
59515 CESAREAN DELIVERY, INCL. POSTPARTUM	1300.00	---	1600.00	900.00	480.27	793.63	1620.00	680.00

ABOVE MAXIMUM RATES APPLY TO THE LISTED
PRACTITIONER TYPES:

OB.	Y	Y	Y	Y	Y	Y	Y	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y	Y
CERT.FAM.NUR.PRAC	N	Y	N	N	N	Y	N	Y
CERT.NUR-MWF	N	Y	N	N	N	Y	N	Y
ABOVE RATES APPLY TO ALL AREAS OF STATE	N	Y	Y	Y	Y	Y	Y	Y

STATE USES THESE METHODS TO DOCUMENT
ACCESS TO OB SERVICES:
(A) 50% PRAC. PARTICIPATION
(B) COMPARISON OF PRAC. PARTICIPATION TO
3RD PARTY INSURER
(C) COMPARISON OF PAYMT RATES TO 3RD
PARTY INSURER
(D) AGGREGATE INCREASE IN PAYMT RATES
(E) AVERAGE NO. VISITS
(F) RATIO APPROACH
(G) RECIPIENT SURVEYS
(H) PROGRAM INITIATIVES
(I) OTHER

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
--- = PAYMENT NOT MADE UNDER THIS PROCEDURE CODE
U = PAYMENT RATE UNKNOWN

HCFA STATE PROFILE DATA SYSTEM
MAXIMUM PAYMENT RATES: OBSTETRICAL (OB) SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 07/01/93

 - DC - - FL - - GA - - HI - - ID - - IL - - IN - - IA -

 MAXIMUM RATES:

	DC	FL	GA	HI	ID	IL	IN	IA
59400 ROUTINE OB CARE (ALL PHASES								
PREGNANCY; VAGINAL DELIVERY)	1750.00	---	1205.00	630.20	1074.27	---	769.20	848.51
59410 VAGINAL DELIVERY, INCL. POSTPARTUM	900.00	1100.00	901.00	472.80	700.00	950.00	591.60	76.00
59430 POSTPARTUM CARE ONLY	30.00	50.00	104.10	48.71	101.48	41.90	26.00	24.17
59510 ROUTINE OB CARE (ALL PHASES								
PREGNANCY; CESAREAN DELIVERY)	1550.00	---	1605.00	1042.80	1300.00	---	1076.20	1160.20
59515 CESAREAN DELIVERY, INCL. POSTPARTUM	950.00	1100.00	1200.00	675.65	1050.00	1100.00	904.50	824.00

ABOVE MAXIMUM RATES APPLY TO THE LISTED
PRACTITIONER TYPES:

OB.
 OB/GYN.
 FAM.PRAC.
 CERT.FAM.NUR.PRAC
 CERT.NUR-MWF

ABOVE RATES APPLY TO ALL AREAS OF STATE

STATE USES THESE METHODS TO DOCUMENT

ACCESS TO OB SERVICES:

(A) 50% PRAC. PARTICIPATION
 (B) COMPARISON OF PRAC. PARTICIPATION TO
 3RD PARTY INSURER
 (C) COMPARISON OF PAYMT RATES TO 3RD
 PARTY INSURER
 (D) AGGREGATE INCREASE IN PAYMT RATES
 (E) AVERAGE NO. VISITS
 (F) RATIO APPROACH
 (G) RECIPIENT SURVEYS
 (H) PROGRAM INITIATIVES
 (I) OTHER

	DC	FL	GA	HI	ID	IL	IN	IA
OB.	Y	Y	Y	Y	Y	Y	Y	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y	Y
CERT.FAM.NUR.PRAC	N	N	N	N	N	N	N	N
CERT.NUR-MWF	Y	Y	Y	Y	Y	Y	Y	Y
ABOVE RATES APPLY TO ALL AREAS OF STATE	Y	Y	Y	Y	Y	Y	Y	Y
STATE USES THESE METHODS TO DOCUMENT	Y	Y	Y	Y	Y	Y	Y	Y
ACCESS TO OB SERVICES:	Y	Y	Y	Y	Y	Y	Y	Y
(A) 50% PRAC. PARTICIPATION	Y	Y	Y	Y	Y	Y	Y	Y
(B) COMPARISON OF PRAC. PARTICIPATION TO	N	N	N	N	N	N	N	N
3RD PARTY INSURER	N	N	N	N	N	N	N	N
(C) COMPARISON OF PAYMT RATES TO 3RD	N	N	N	N	N	N	N	N
PARTY INSURER	N	N	N	N	N	N	N	N
(D) AGGREGATE INCREASE IN PAYMT RATES	N	N	N	N	N	N	N	N
(E) AVERAGE NO. VISITS	N	N	N	N	N	N	N	N
(F) RATIO APPROACH	N	N	N	N	N	N	N	N
(G) RECIPIENT SURVEYS	N	N	N	N	N	N	N	N
(H) PROGRAM INITIATIVES	N	N	N	N	N	N	N	N
(I) OTHER	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 --- = PAYMENT NOT MADE UNDER THIS PROCEDURE CODE
 U = PAYMENT RATE UNKNOWN

TABLE 6-1.

HCFA STATE PROFILE DATA SYSTEM
MAXIMUM PAYMENT RATES: OBSTETRICAL (OB) SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 07/01/93

PAGE 4 OF 7

	MS	MO	MT	NE	NV	NH	NJ	NM
MAXIMUM RATES:								
59400 ROUTINE OB CARE (ALL PHASES								
59410 PREGNANCY; VAGINAL DELIVERY)	---							
59430 VAGINAL DELIVERY, INCL. POSTPARTUM	575.10		1170.45	894.00	1464.00	1000.00	468.00	937.14 *
59510 POSTPARTUM CARE ONLY	16.24		726.75	537.42	1097.60	810.00	320.00	510.24 *
59515 ROUTINE OB CARE (ALL PHASES			37.49	33.23	---	20.00	20.00	27.43 *
59515 PREGNANCY; CESAREAN DELIVERY)	---		1530.00	1272.00	1864.40	1000.00	598.00	1435.42 *
59515 CESAREAN DELIVERY, INCL. POSTPARTUM	657.34		1232.50	752.38	1515.40	900.00	450.00	1016.57 *
ABOVE MAXIMUM RATES APPLY TO THE LISTED PRACTITIONER TYPES:								
OB.	Y		Y	Y	Y	Y	Y	Y *
OB/GYN.	Y		Y	Y	Y	Y	Y	Y *
FAM. PRAC.	Y		Y	Y	Y	Y	Y	Y *
CERT. FAM. NUR. PRAC	Y		Y	Y	N	Y	N	N *
CERT. NUR-MWF	Y		Y	Y	Y	Y	N	N *
ABOVE RATES APPLY TO ALL AREAS OF STATE	Y		Y	Y	Y	Y	Y	Y *
STATE USES THESE METHODS TO DOCUMENT ACCESS TO OB SERVICES:								
(A) 50% PRAC. PARTICIPATION	Y		Y	Y	Y	Y	Y	Y *
(B) COMPARISON OF PRAC. PARTICIPATION TO 3RD PARTY INSURER	N		N	N	N	N	N	N *
(C) COMPARISON OF PAYMT RATES TO 3RD PARTY INSURER	N		N	N	N	N	N	N *
(D) AGGREGATE INCREASE IN PAYMT RATES	N		N	N	N	N	N	N *
(E) AVERAGE NO. VISITS	N		N	N	N	N	N	N *
(F) RATIO APPROACH	N		N	N	N	N	N	N *
(G) RECIPIENT SURVEYS	N		N	N	N	N	N	N *
(H) PROGRAM INITIATIVES	N		N	N	N	N	N	N *
(I) OTHER	N		N	N	N	N	N	N *

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 --- = PAYMENT NOT MADE UNDER THIS PROCEDURE CODE
 U = PAYMENT RATE UNKNOWN

TABLE 6-1.

HCFA STATE PROFILE DATA SYSTEM
MAXIMUM PAYMENT RATES: OBSTETRICAL (OB) SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 07/01/93

PAGE 5 OF 7

----- NY - - NC - - ND - - OH - - OK - - OR - - PA - - RI - -
MAXIMUM RATES:-----

	NY	NC	ND	OH	OK	OR	PA	RI
59400 ROUTINE OB CARE (ALL PHASES PREGNANCY; VAGINAL DELIVERY)	1037.00	1160.00	---	---	1000.00	926.79	---	741.00
59410 VAGINAL DELIVERY, INCL. POSTPARTUM	648.00	738.50	500.00	500.00	700.00	573.23	---	399.00
59430 POSTPARTUM CARE ONLY	31.00	---	10.00	30.00	40.00	56.44	---	18.00
59510 ROUTINE OB CARE (ALL PHASES PREGNANCY; CESAREAN DELIVERY)	703.00	---	---	---	1100.00	1091.16	---	---
59515 CESAREAN DELIVERY, INCL. POSTPARTUM	1037.00	---	700.00	600.00	800.00	737.61	800.00	407.00

ABOVE MAXIMUM RATES APPLY TO THE LISTED
PRACTITIONER TYPES:

OB.
OB/GYN.
FAM.PRAC.
CERT.FAM.NUR.PRAC
CERT.NUR-MWF

ABOVE RATES APPLY TO ALL AREAS OF STATE

STATE USES THESE METHODS TO DOCUMENT
ACCESS TO OB SERVICES:

(A) 50% PRAC. PARTICIPATION
(B) COMPARISON OF PRAC. PARTICIPATION TO
3RD PARTY INSURER
(C) COMPARISON OF PAYMT RATES TO 3RD
PARTY INSURER
(D) AGGREGATE INCREASE IN PAYMT RATES
(E) AVERAGE NO. VISITS
(F) RATIO APPROACH
(G) RECIPIENT SURVEYS
(H) PROGRAM INITIATIVES
(I) OTHER

	NY	NC	ND	OH	OK	OR	PA	RI
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	Y
CERT.FAM.NUR.PRAC	Y	Y	N	N	Y	N	Y*	Y
CERT.NUR-MWF	Y	Y	N	N	Y	N	Y*	Y
OB.	Y	Y	Y	Y	Y	Y	Y*	Y
OB/GYN.	Y	Y	Y	Y	Y	Y	Y*	Y
FAM.PRAC.	Y	Y	Y	Y	Y	Y	Y*	

MAXIMUM RATES:

	WV	WI	WY
59400 ROUTINE OB CARE (ALL PHASES PREGNANCY; VAGINAL DELIVERY)	---	1018.40	1260.00
59410 VAGINAL DELIVERY, INCL. POSTPARTUM	1362.29	649.81	787.50
59430 POSTPARTUM CARE ONLY	---	46.72	42.95
59510 ROUTINE OB CARE (ALL PHASES PREGNANCY; CESAREAN DELIVERY)	---	1334.72	1575.00
59515 CESAREAN DELIVERY, INCL. POSTPARTUM	1238.83	796.40	1102.50

ABOVE MAXIMUM RATES APPLY TO THE LISTED
PRACTITIONER TYPES:

OB.
OB/GYN.
FAM. PRAC.
CERT. FAM. NUR. PRAC
CERT. NUR-MWF

ABOVE RATES APPLY TO ALL AREAS OF STATE

STATE USES THESE METHODS TO DOCUMENT

ACCESS TO OB SERVICES:

(A) 50% PRAC. PARTICIPATION
(B) COMPARISON OF PRAC. PARTICIPATION TO
3RD PARTY INSURER
(C) COMPARISON OF PAYMT RATES TO 3RD
PARTY INSURER
(D) AGGREGATE INCREASE IN PAYMT RATES
(E) AVERAGE NO. VISITS
(F) RATIO APPROACH
(G) RECIPIENT SURVEYS
(H) PROGRAM INITIATIVES
(I) OTHER

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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U = PAYMENT RATE UNKNOWN

TABLE 6-2.1.

HCFA STATE PROFILE DATA SYSTEM
MAXIMUM PAYMENT RATES: PEDIATRIC (PED) SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 07/01/93

PAGE 1 OF 14

14

<< MAXIMUM RATES >>

IMMUNIZATIONS

90701	DIPHTHERIA, TETANUS, PERTUSSIS	11.84	10.00	11.64	18.00	16.20	6.50	---	10.25
90707	MEASLES, MUMPS, RUBELLA	22.05	---	31.74	34.64	29.23	6.50	---	27.25
90712	POLIOVIRUS	16.20	16.00	11.64	16.20	15.92	6.50	---	11.50
90731	HEPATITIS B	---	---	13.23	53.00	57.48	---	---	11.50
90737	INFLUENZA B	20.00	25.00	---	20.00	18.44	6.50	---	15.25

EVALUATION AND MANAGEMENT

- NEW PATIENT -									
99201	PHYSICIANS, TYPICALLY 10 MIN	18.00	60.00	26.16	27.00	18.40	16.80	35.10	20.00
99202	PHYSICIANS, TYPICALLY 20 MIN	25.74	80.00	42.11	41.00	27.60	23.80	40.50	28.00
99203	PHYSICIANS, TYPICALLY 30 MIN	32.18	125.00	57.42	59.00	46.00	35.00	45.00	34.00
- ESTABLISHED PATIENT -									
99211	PHYSICIANS, TYPICALLY 5 MIN	12.85	35.00	12.76	13.00	7.36	7.00	18.00	12.40
99212	PHYSICIANS, TYPICALLY 10 MIN	20.63	50.00	22.65	25.00	11.04	14.00	22.50	17.00
99213	PHYSICIANS, TYPICALLY 15 MIN	28.75	56.00	31.90	33.00	16.56	24.08	35.41	21.00

PREVENTIVE MEDICINE SERVICES

[illegible]

ABOVE MAXIMUM RATES APPLY TO THE FOLLOWING PRACTITIONER TYPES:

PRACTITIONER TYPE:						
PEDIATRICIAN	Y	Y	Y	Y	Y	Y
FAMILY PRACTITIONER	Y	Y	Y	Y	Y	Y
CERTIFIED PEDIATRIC NURSE PRACTITIONER	N	Y	N	N	Y	N
DOES MAXIMUM RATES APPLY TO ALL AREAS THE STATE	N	Y	Y	Y	Y	Y

**** = DATA BASED ON PENDING STATE PLAN AMENDMENT**

--- = PAYMENT NOT MADE UNDER THIS PROCEDURE CODE

U = PAYMENT RATE UNKNOWN

NOTE: IOWA ALLOWS A PERCENTAGE OF THE AVERAGE WHOLESALE PRICE (AWP) OF THE VACCINE ON IMMUNIZATIONS. SOUTH DAKOTA ALLOWS A PERCENTAGE OF BILLED CHARGES FOR CERTAIN PREVENTIVE MEDICINE SERVICES.

TABLE 6-2.2.

HCFA STATE PROFILE DATA SYSTEM
 MAXIMUM PAYMENT RATES: PEDIATRIC (PED) SERVICES
 EFFECTIVE MEDICAID STATE PLAN AS OF 07/01/93

PAGE 2 OF 14

	AL	AK	AZ	AR	CA	CO	CT	DE
STATE USES THESE METHODS TO DOCUMENT ACCESS TO PED SERVICES:								
(A) 50% PRAC. PARTICIPATION	Y	Y	Y	Y	N	Y	Y	Y
(B) COMPARISON OF PRAC. PARTICIPATION TO 3RD PARTY INSURER	N	N	Y	N	N	N	N	
(C) COMPARISON OF PAYMT RATES TO 3RD PARTY INSURER	N	Y	Y	N	N	N	N	
(D) AGGREGATE INCREASE IN PAYMT RATES	N	N	Y	N	N	N	N	
(E) AVERAGE NO. VISITS	N	N	N	N	Y	N	N	
(F) RATIO APPROACH	N	N	N	N	Y	N	N	
(G) RECIPIENT SURVEYS	N	N	N	N	N	N	N	
(H) PROGRAM INITIATIVES	N	N	N	N	N	N	N	
(I) OTHER	N	N	N	Y	Y	N	N	

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 U = PAYMENT RATE UNKNOWN
 NOTE: IOWA ALLOWS A PERCENTAGE OF THE AVERAGE WHOLESALE PRICE (AWP) OF THE VACCINE ON IMMUNIZATIONS. SOUTH DAKOTA ALLOWS A PERCENTAGE OF BILLED CHARGES FOR CERTAIN PREVENTIVE MEDICINE SERVICES.

TABLE 6-2.1.

HCFA STATE PROFILE DATA SYSTEM
MAXIMUM PAYMENT RATES: PEDIATRIC (PED) SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 07/01/93

PAGE 3 OF 14

<< MAXIMUM RATES >> DC FL GA HI ID IL IN IA											
IMMUNIZATIONS											
90701	DIPHTHERIA, TETANUS, PERTUSSIS	23.02	13.00	11.84	---	17.00	6.00	26.58	90%		
90707	MEASLES, MUMPS, RUBELLA	34.91	35.00	25.75	---	30.00	6.00	34.51	90%		
90712	POLIOVIRUS	17.56	14.56	13.22	---	16.00	6.00	24.76	90%		
90731	HEPATITIS B	24.00	---	---	---	59.00	6.00	58.68	90%		
90737	INFLUENZA B	37.50	22.00	19.15	---	18.43	6.00	38.84	90%		
EVALUATION AND MANAGEMENT											
- NEW PATIENT -											
99201	PHYSICIANS, TYPICALLY 10 MIN	25.00	30.00	28.00	26.81	24.92	22.00	20.95	20.06		
99202	PHYSICIANS, TYPICALLY 20 MIN	30.00	30.00	40.57	40.50	34.44	22.00	28.77	30.12		
99203	PHYSICIANS, TYPICALLY 30 MIN	30.00	35.00	51.24	60.70	44.57	27.05	33.21	33.47		
- ESTABLISHED PATIENT -											
99211	PHYSICIANS, TYPICALLY 5 MIN	---	12.00	12.33	11.40	20.00	8.40	18.93	13.39		
99212	PHYSICIANS, TYPICALLY 10 MIN	20.00	21.00	21.91	18.00	25.68	19.45	19.50	18.39		
99213	PHYSICIANS, TYPICALLY 15 MIN	11.82	25.00	30.26	23.73	30.00	19.45	23.92	21.05		
PREVENTIVE MEDICINE SERVICES											
- NEW PATIENT -											
99381	UNDER AGE ONE	80.00	---	55.38	36.00	37.77	40.00	39.85	21.57		
99382	AGE 1-4 YEARS	45.00	---	55.38	46.37	37.77	40.00	34.52	23.98		
99383	AGE 5-11 YEARS	45.00	---	55.38	33.60	37.77	40.00	34.82	23.98		
99384	AGE 12-17 YEARS	60.00	---	55.38	36.00	38.01	40.00	32.00	23.98		
- ESTABLISHED PATIENT -											
99391	UNDER AGE ONE	30.00	---	55.38	25.20	22.23	40.00	24.35	19.73		
99392	AGE 1-4 YEARS	30.00	---	55.38	29.25	22.23	40.00	24.36	19.73		
99393	AGE 5-11 YEARS	30.00	---	55.38	31.50	25.31	40.00	25.01	19.73		
99394	AGE 12-17 YEARS	45.00	---	55.38	35.10	26.62	40.00	25.32	19.73		
ABOVE MAXIMUM RATES APPLY TO THE FOLLOWING PRACTITIONER TYPES:											
	PEDIATRICIAN	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	FAMILY PRACTITIONER	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	CERTIFIED PEDIATRIC NURSE	N	N	N	N	Y	N	N	Y	Y	Y
	PRACTITIONER										
ABOVE MAXIMUM RATES APPLY TO ALL AREAS OF THE STATE											
		Y	Y	Y	Y	Y	N	Y	Y	Y	Y

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U = PAYMENT RATE UNKNOWN

NOTE: IOWA ALLOWS A PERCENTAGE OF THE AVERAGE WHOLESALE PRICE (AWP) OF THE VACCINE ON IMMUNIZATIONS. SOUTH DAKOTA ALLOWS A PERCENTAGE OF BILLED CHARGES FOR CERTAIN PREVENTIVE MEDICINE SERVICES.

TABLE 6-2.2.

HCFA STATE PROFILE DATA SYSTEM
MAXIMUM PAYMENT RATES: PEDIATRIC (PED) SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 07/01/93

PAGE 4 OF 14

	DC	FL	GA	HI	ID	IL	IN	IA
STATE USES THESE METHODS TO DOCUMENT ACCESS TO PED SERVICES:								
(A) 50% PRAC. PARTICIPATION	Y	Y	Y	Y	N	Y	Y	Y
(B) COMPARISON OF PRAC. PARTICIPATION TO 3RD PARTY INSURER	N	N	N	N	N	N	N	N
(C) COMPARISON OF PAYMT RATES TO 3RD PARTY INSURER	N	N	N	N	N	N	N	N
(D) AGGREGATE INCREASE IN PAYMT RATES	N	N	N	N	N	N	N	N
(E) AVERAGE NO. VISITS	N	N	N	N	Y	N	N	N
(F) RATIO APPROACH	N	N	N	N	N	N	N	N
(G) RECIPIENT SURVEYS	N	N	Y	N	N	N	N	N
(H) PROGRAM INITIATIVES	N	N	N	N	N	N	N	N
(I) OTHER	N	N	N	N	Y	N	N	N

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U = PAYMENT RATE UNKNOWN

NOTE: IOWA ALLOWS A PERCENTAGE OF THE AVERAGE WHOLESale PRICE (AWP) OF THE VACCINE ON IMMUNIZATIONS. SOUTH DAKOTA ALLOWS A PERCENTAGE OF BILLED CHARGES FOR CERTAIN PREVENTIVE MEDICINE SERVICES.

TABLE 6-2.1.

HCFA STATE PROFILE DATA SYSTEM
MAXIMUM PAYMENT RATES: PEDIATRIC (PED) SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 07/01/93

PAGE 5 OF 14

-----<< MAXIMUM RATES >>-----											
-----KS-----KY-----LA-----ME-----MD-----MA-----MI-----MN-----											
IMMUNIZATIONS											
90701	DIPHTHERIA, TETANUS, PERTUSSIS	3.00	8.99	18.00	11.97	15.70	---	14.78	23.20		
90707	MEASLES, MUMPS, RUBELLA	3.00	17.32	35.00	27.29	34.00	---	32.06	55.86		
90712	POLIOVIRUS	3.00	2.26	18.00	12.56	12.65	---	11.30	23.51		
90731	HEPATITIS B	3.00	---	---	2.00	35.07	---	53.00	55.03		
90737	INFLUENZA B	3.00	5.83	22.00	18.00	19.00	---	17.66	33.06		
EVALUATION AND MANAGEMENT											
- NEW PATIENT -											
99201	PHYSICIANS, TYPICALLY 10 MIN	25.00	29.00	22.00	15.65	---	19.00	16.88	46.08		
99202	PHYSICIANS, TYPICALLY 20 MIN	35.00	34.00	30.00	16.82	---	28.00	26.58	51.67		
99203	PHYSICIANS, TYPICALLY 30 MIN	40.00	39.00	36.00	24.77	---	41.00	38.89	61.44		
- ESTABLISHED PATIENT -											
99211	PHYSICIANS, TYPICALLY 5 MIN	15.00	12.00	14.00	12.70	---	9.00	14.55	20.94		
99212	PHYSICIANS, TYPICALLY 10 MIN	20.00	20.00	23.00	15.65	---	19.00	21.00	34.91		
99213	PHYSICIANS, TYPICALLY 15 MIN	27.00	30.00	27.00	22.36	---	34.56	21.00	41.89		
PREVENTIVE MEDICINE SERVICES											
- NEW PATIENT -											
99381	UNDER AGE ONE	40.00	---	41.00	45.43	---	41.00	31.00	47.47		
99382	AGE 1-4 YEARS	35.00	---	41.00	45.43	---	41.00	31.00	40.57		
99383	AGE 5-11 YEARS	35.00	---	41.00	45.43	---	41.00	31.00	44.16		
99384	AGE 12-17 YEARS	35.00	---	50.00	45.43	---	41.00	31.00	46.36		
- ESTABLISHED PATIENT -											
99391	UNDER AGE ONE	26.00	---	32.00	42.73	---	41.00	31.00	34.22		
99392	AGE 1-4 YEARS	25.00	---	---	42.73	---	41.00	31.00	34.77		
99393	AGE 5-11 YEARS	25.00	---	32.00	42.73	---	41.00	31.00	34.77		
99394	AGE 12-17 YEARS	25.00	---	45.00	42.73	---	41.00	31.00	38.64		
ABOVE MAXIMUM RATES APPLY TO THE FOLLOWING PRACTITIONER TYPES:											
	PEDIATRICIAN	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	FAMILY PRACTITIONER	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
	CERTIFIED PEDIATRIC NURSE	Y	N	N	Y	N	Y	N	N	N	N
	PRACTITIONER										
ABOVE MAXIMUM RATES APPLY TO ALL AREAS OF THE STATE											
		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

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NOTE: IOWA ALLOWS A PERCENTAGE OF THE AVERAGE WHOLESALE PRICE (AWP) OF THE VACCINE ON IMMUNIZATIONS. SOUTH DAKOTA ALLOWS A PERCENTAGE OF BILLED CHARGES FOR CERTAIN PREVENTIVE MEDICINE SERVICES.

TABLE 6-2.2.

HCFA STATE PROFILE DATA SYSTEM
MAXIMUM PAYMENT RATES: PEDIATRIC (PED) SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 07/01/93

PAGE 6 OF 14

	KS	KY	LA	ME	MD	MA	MI	MN
STATE USES THESE METHODS TO DOCUMENT ACCESS TO PED SERVICES:								
(A) 50% PRAC. PARTICIPATION	Y	Y	Y	Y	N	Y	N	Y
(B) COMPARISON OF PRAC. PARTICIPATION TO 3RD PARTY INSURER	N	N	N	N	N	N	Y	N
(C) COMPARISON OF PAYMT RATES TO 3RD PARTY INSURER	N	N	N	N	N	N	N	N
(D) AGGREGATE INCREASE IN PAYMT RATES	N	N	N	N	N	N	N	N
(E) AVERAGE NO. VISITS	N	N	N	N	N	N	N	N
(F) RATIO APPROACH	N	N	N	N	N	N	N	N
(G) RECIPIENT SURVEYS	N	N	N	N	N	N	N	N
(H) PROGRAM INITIATIVES	N	N	N	N	N	N	N	N
(I) OTHER	N	N	Y	N	Y	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

--- = PAYMENT NOT MADE UNDER THIS PROCEDURE CODE

U = PAYMENT RATE UNKNOWN

NOTE: IOWA ALLOWS A PERCENTAGE OF THE AVERAGE WHOLESAL PRICE (AWP) OF THE VACCINE ON IMMUNIZATIONS. SOUTH DAKOTA ALLOWS A PERCENTAGE OF BILLED CHARGES FOR CERTAIN PREVENTIVE MEDICINE SERVICES.

TABLE 6-2.1.

HCFA STATE PROFILE DATA SYSTEM
MAXIMUM PAYMENT RATES: PEDIATRIC (PED) SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 07/01/93

PAGE 7 OF 14

<< MAXIMUM RATES >>											

	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -	-----		
=====											
IMMUNIZATIONS											
90701 DIPHTHERIA, TETANUS, PERTUSSIS	---		17.72	12.09	27.45	2.00	16.34	20.00 *			
90707 MEASLES, MUMPS, RUBELLA	---		29.60	28.60	---	2.00	39.87	36.00 *			
90712 POLIOVIRUS	---		17.31	14.02	---	2.00	14.44	15.00 *			
90731 HEPATITIS B	---		113.60	14.28	14.60	2.00	32.89	---			
90737 INFLUENZA B	---		18.40	20.00	14.60	2.00	25.79	47.98 *			
=====											
EVALUATION AND MANAGEMENT											
- NEW PATIENT -											
99201 PHYSICIANS, TYPICALLY 10 MIN	16.00		31.46	19.36	39.14	17.00	16.00	20.33 *			
99202 PHYSICIANS, TYPICALLY 20 MIN	22.27		39.70	28.29	50.43	30.00	16.00	27.95 *			
99203 PHYSICIANS, TYPICALLY 30 MIN	28.48		59.93	41.70	69.67	36.00	16.00	36.02 *			
- ESTABLISHED PATIENT -											
99211 PHYSICIANS, TYPICALLY 5 MIN	8.63		13.60	10.42	23.22	15.00	16.00	15.84 *			
99212 PHYSICIANS, TYPICALLY 10 MIN	13.99		20.00	17.87	37.82	25.00	16.00	21.20 *			
99213 PHYSICIANS, TYPICALLY 15 MIN	18.33		23.20	26.80	43.13	27.00	22.00	23.48 *			
=====											
PREVENTIVE MEDICINE SERVICES											
- NEW PATIENT -											
99381 UNDER AGE ONE	---		24.97	---	---	33.00	22.00	---			
99382 AGE 1-4 YEARS	---		25.70	---	---	33.00	22.00	---			
99383 AGE 5-11 YEARS	---		29.73	---	---	33.00	22.00	---			
99384 AGE 12-17 YEARS	---		56.74	---	---	42.00	22.00	---			
- ESTABLISHED PATIENT -											
99391 UNDER AGE ONE	---		21.29	21.85	---	33.00	16.00	---			
99392 AGE 1-4 YEARS	---		28.08	21.77	---	33.00	22.00	---			
99393 AGE 5-11 YEARS	---		34.46	24.57	---	33.00	22.00	---			
99394 AGE 12-17 YEARS	---		25.19	27.84	---	33.00	22.00	---			
=====											
ABOVE MAXIMUM RATES APPLY TO THE FOLLOWING PRACTITIONER TYPES:											
PEDIATRICIAN	Y		Y	Y	Y	Y	Y	Y*			
FAMILY PRACTITIONER	Y		Y	Y	Y	Y	Y	Y*			
CERTIFIED PEDIATRIC NURSE	N		Y	Y	N	Y	N	N*			
PRACTITIONER											
=====											
ABOVE MAXIMUM RATES APPLY TO ALL AREAS OF THE STATE											
	Y		Y	Y	N	Y	Y	Y*			
=====											

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

--- = PAYMENT NOT MADE UNDER THIS PROCEDURE CODE

U = PAYMENT RATE UNKNOWN

NOTE: IOWA ALLOWS A PERCENTAGE OF THE AVERAGE WHOLESALE PRICE (AWP) OF THE VACCINE ON IMMUNIZATIONS. SOUTH DAKOTA ALLOWS A PERCENTAGE OF BILLED CHARGES FOR CERTAIN PREVENTIVE MEDICINE SERVICES.

TABLE 6-2.2.

 MAXIMUM PAYMENT RATES: PEDIATRIC (PED) SERVICES
 EFFECTIVE MEDICAID STATE PLAN AS OF 07/01/93

	MS	MO	MT	NE	NV	NH	NJ	NM
STATE USES THESE METHODS TO DOCUMENT ACCESS TO PED SERVICES:								
(A) 50% PRAC. PARTICIPATION	Y		Y	Y	Y	Y	Y	Y*
(B) COMPARISON OF PRAC. PARTICIPATION TO 3RD PARTY INSURER	N		N	N	N	N	N	N*
(C) COMPARISON OF PAYMT RATES TO 3RD PARTY INSURER	N		N	N	N	N	N	N*
(D) AGGREGATE INCREASE IN PAYMT RATES	N		N	N	N	N	N	N*
(E) AVERAGE NO. VISITS	N		N	N	N	N	N	N*
(F) RATIO APPROACH	N		N	Y	N	N	N	N*
(G) RECIPIENT SURVEYS	N		N	N	N	N	N	N*
(H) PROGRAM INITIATIVES	N		N	N	N	N	N	N*
(I) OTHER	N		N	N	N	N	N	Y*

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

--- = PAYMENT NOT MADE UNDER THIS PROCEDURE CODE

U = PAYMENT RATE UNKNOWN

 NOTE: IOWA ALLOWS A PERCENTAGE OF THE AVERAGE WHOLESALE PRICE (AWP) OF THE
 VACCINE ON IMMUNIZATIONS. SOUTH DAKOTA ALLOWS A PERCENTAGE OF BILLED
 CHARGES FOR CERTAIN PREVENTIVE MEDICINE SERVICES.

TABLE 6-2.1.

HCFA STATE PROFILE DATA SYSTEM
MAXIMUM PAYMENT RATES: PEDIATRIC (PED) SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 07/01/93

PAGE 9 OF 14

=====

- NY - - NC - - ND - - OH - - OK - - OR - - PA - - RI -

=====

<< MAXIMUM RATES >>

=====

IMMUNIZATIONS

	14.64	13.14	30.45	2.07	16.00	22.66	5.00 *	7.00
90701 DIPHTHERIA, TETANUS, PERTUSSIS	36.04	34.24	28.21	2.07	32.00	32.92	5.00 *	7.00
90707 MEASLES, MUMPS, RUBELLA	14.03	12.51	14.35	2.07	14.00	18.72	5.00 *	7.00
90712 POLIOVIRUS	39.00	---	---	24.50	23.00	60.15	5.00 *	---
90731 HEPATITIS B	18.25	27.09	24.36	2.07	17.90	24.18	5.00 *	7.00
90737 INFLUENZA B								

EVALUATION AND MANAGEMENT

	29.00	21.67	23.00	14.52	17.75	19.48	20.00 *	18.00
- NEW PATIENT -								
99201 PHYSICIANS, TYPICALLY 10 MIN	29.00	34.60	26.00	23.03	28.33	31.35	20.00 *	---
99202 PHYSICIANS, TYPICALLY 20 MIN	29.00	47.01	41.00	31.21	34.97	42.75	20.00 *	---
99203 PHYSICIANS, TYPICALLY 30 MIN								
- ESTABLISHED PATIENT -								
99211 PHYSICIANS, TYPICALLY 5 MIN	29.00	11.24	12.00	7.52	9.21	9.50	20.00 *	18.00
99212 PHYSICIANS, TYPICALLY 10 MIN	29.00	19.10	14.00	12.64	14.46	16.86	20.00 *	---
99213 PHYSICIANS, TYPICALLY 15 MIN	29.00	26.53	21.40	17.58	20.91	23.75	20.00 *	---

PREVENTIVE MEDICINE SERVICES

	29.00	--- <th>23.00</th> <th>36.24</th> <th>--- <th>32.00</th> <th>--- <th>30.00</th> </th></th>	23.00	36.24	--- <th>32.00</th> <th>--- <th>30.00</th> </th>	32.00	--- <th>30.00</th>	30.00
- NEW PATIENT -								
99381 UNDER AGE ONE	29.00	---	23.00	36.24	---	32.00	---	30.00
99382 AGE 1-4 YEARS	29.00	---	23.00	36.24	---	36.00	---	30.00
99383 AGE 5-11 YEARS	29.00	---	23.00	36.24	---	40.00	---	30.00
99384 AGE 12-17 YEARS	29.00	---	23.00	36.24	---	40.00	---	30.00
- ESTABLISHED PATIENT -								
99391 UNDER AGE ONE	29.00	---	12.30	31.06	---	32.00	---	20.00
99392 AGE 1-4 YEARS	29.00	---	12.30	31.06	---	32.00	---	20.00
99393 AGE 5-11 YEARS	29.00	---	12.30	31.06	---	35.00	---	20.00
99394 AGE 12-17 YEARS	29.00	---	12.30	31.06	---	35.00	---	20.00

ABOVE MAXIMUM RATES APPLY TO THE
FOLLOWING PRACTITIONER TYPES:

	Y	Y	Y	Y	Y	Y	Y*	Y
PEDIATRICIAN								
FAMILY PRACTITIONER	Y	Y	Y	Y	Y	Y	Y*	Y
CERTIFIED PEDIATRIC NURSE	Y	Y	Y	Y	Y	Y	Y*	Y
PRACTITIONER								

ABOVE MAXIMUM RATES APPLY TO ALL AREAS
OF THE STATE

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

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U = PAYMENT RATE UNKNOWN

NOTE: IOWA ALLOWS A PERCENTAGE OF THE AVERAGE WHOLESALE PRICE (AWP) OF THE
VACCINE ON IMMUNIZATIONS. SOUTH DAKOTA ALLOWS A PERCENTAGE OF BILLED
CHARGES FOR CERTAIN PREVENTIVE MEDICINE SERVICES.

TABLE 6-2.2.

HCFA STATE PROFILE DATA SYSTEM
MAXIMUM PAYMENT RATES: PEDIATRIC (PED) SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 07/01/93

PAGE 10 OF 14

	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
STATE USES THESE METHODS TO DOCUMENT ACCESS TO PED SERVICES:								
(A) 50% PRAC. PARTICIPATION	Y	Y	Y	Y	Y	Y	Y*	Y
(B) COMPARISON OF PRAC. PARTICIPATION TO 3RD PARTY INSURER	N	N	N	N	N	N	Y*	N
(C) COMPARISON OF PAYMT RATES TO 3RD PARTY INSURER	N	N	N	N	N	N	N*	N
(D) AGGREGATE INCREASE IN PAYMT RATES	N	N	N	N	N	N	N*	N
(E) AVERAGE NO. VISITS	N	N	N	N	N	N	N*	N
(F) RATIO APPROACH	N	N	N	N	N	N	N*	N
(G) RECIPIENT SURVEYS	N	N	N	N	N	N	N*	N
(H) PROGRAM INITIATIVES	N	N	N	N	N	N	N*	N
(I) OTHER	N	N	N	N	Y	N	N*	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
 --- = PAYMENT NOT MADE UNDER THIS PROCEDURE CODE
 U = PAYMENT RATE UNKNOWN

NOTE: IOWA ALLOWS A PERCENTAGE OF THE AVERAGE WHOLESALE PRICE (AWP) OF THE VACCINE ON IMMUNIZATIONS. SOUTH DAKOTA ALLOWS A PERCENTAGE OF BILLED CHARGES FOR CERTAIN PREVENTIVE MEDICINE SERVICES.

TABLE 6-2.1.

HCFA STATE PROFILE DATA SYSTEM
MAXIMUM PAYMENT RATES: PEDIATRIC (PED) SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 07/01/93

PAGE 11 OF 14

=====												
<< MAXIMUM RATES >>												
=====												
IMMUNIZATIONS												
90701 DIPHTHERIA, TETANUS, PERTUSSIS	---	5.00	16.45	---	7.65	11.00	---	12.54				
90707 MEASLES, MUMPS, RUBELLA	---	5.00	37.00	---	37.12	34.00	---	33.82				
90712 POLIOVIRUS	---	5.00	12.60	---	19.19	9.55	---	13.82				
90731 HEPATITIS B	---	25.00	---	54.40	49.31	---	---	48.50				
90737 INFLUENZA B	---	5.00	20.00	---	21.40	23.00	---	19.19				
EVALUATION AND MANAGEMENT												
- NEW PATIENT -												
99201 PHYSICIANS, TYPICALLY 10 MIN	30.00	22.90	23.00	22.30	17.28	16.80	24.00	32.01				
99202 PHYSICIANS, TYPICALLY 20 MIN	30.00	34.40	30.00	35.20	27.27	22.80	28.00	50.50				
99203 PHYSICIANS, TYPICALLY 30 MIN	30.00	44.00	40.00	47.57	36.85	32.40	33.00	63.14				
- ESTABLISHED PATIENT -												
99211 PHYSICIANS, TYPICALLY 5 MIN	5.50	11.30	18.00	11.56	8.95	13.20	10.00	16.58				
99212 PHYSICIANS, TYPICALLY 10 MIN	20.00	18.00	22.00	19.35	14.99	21.60	19.00	27.74				
99213 PHYSICIANS, TYPICALLY 15 MIN	20.00	26.60	27.00	26.87	20.82	25.20	26.50	38.53				
PREVENTIVE MEDICINE SERVICES												
- NEW PATIENT -												
99381 UNDER AGE ONE	---	26.40	45.00	---	37.45	31.20	35.00	40.91				
99382 AGE 1-4 YEARS	---	26.40	32.30	---	37.45	34.80	39.00	46.78				
99383 AGE 5-11 YEARS	---	40%	59.50	---	37.45	39.60	39.00	60.18				
99384 AGE 12-17 YEARS	---	40%	91.80	---	37.45	43.20	35.00	69.20				
- ESTABLISHED PATIENT -												
99391 UNDER AGE ONE	---	40%	---	---	37.45	27.60	35.00	38.44				
99392 AGE 1-4 YEARS	---	40%	---	---	37.45	27.60	36.00	46.13				
99393 AGE 5-11 YEARS	---	22.20	---	---	37.45	31.20	36.00	53.82				
99394 AGE 12-17 YEARS	---	27.20	---	---	37.45	34.80	31.00	57.66				
ABOVE MAXIMUM RATES APPLY TO THE FOLLOWING PRACTITIONER TYPES:												
PEDIATRICIAN	Y	Y	Y	Y	Y	Y	Y	Y				
FAMILY PRACTITIONER	Y	Y	Y	Y	Y	Y	Y	Y				
CERTIFIED PEDIATRIC NURSE	Y	Y	N	N	Y	Y	Y	Y				
PRACTITIONER	Y	Y	Y	Y	Y	Y	Y	Y				
ABOVE MAXIMUM RATES APPLY TO ALL AREAS OF THE STATE												
=====												

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

--- = PAYMENT NOT MADE UNDER THIS PROCEDURE CODE

U = PAYMENT RATE UNKNOWN

NOTE: IOWA ALLOWS A PERCENTAGE OF THE AVERAGE WHOLESALE PRICE (AWP) OF THE VACCINE ON IMMUNIZATIONS. SOUTH DAKOTA ALLOWS A PERCENTAGE OF BILLED CHARGES FOR CERTAIN PREVENTIVE MEDICINE SERVICES.

TABLE 6-2.2.

HCFA STATE PROFILE DATA SYSTEM
 MAXIMUM PAYMENT RATES: PEDIATRIC (PED) SERVICES
 EFFECTIVE MEDICAID STATE PLAN AS OF 07/01/93

PAGE 12 OF 14

STATE USES THESE METHODS TO DOCUMENT

ACCESS TO PED SERVICES:

- (A) 50% PRAC. PARTICIPATION
 (B) COMPARISON OF PRAC. PARTICIPATION TO
 3RD PARTY INSURER
 (C) COMPARISON OF PAYMT RATES TO 3RD
 PARTY INSURER
 (D) AGGREGATE INCREASE IN PAYMT RATES
 (E) AVERAGE NO. VISITS
 (F) RATIO APPROACH
 (G) RECIPIENT SURVEYS
 (H) PROGRAM INITIATIVES
 (I) OTHER

	SC	SD	TN	TX	UT	VT	VA	WA
(A)	Y	Y	Y	Y	Y	Y	Y	Y
(B)	N	N	N	N	N	N	N	N
(C)	N	N	N	N	N	N	N	N
(D)	N	N	N	N	N	N	N	N
(E)	N	N	N	N	N	N	N	N
(F)	N	N	N	N	N	N	N	N
(G)	N	N	N	N	N	N	Y	N
(H)	N	N	N	N	N	N	N	N
(I)	N	N	N	N	N	N	N	N

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NOTE: IOWA ALLOWS A PERCENTAGE OF THE AVERAGE WHOLESAL PRICE (AWP) OF THE
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 CHARGES FOR CERTAIN PREVENTIVE MEDICINE SERVICES.

HCFA STATE PROFILE DATA SYSTEM
MAXIMUM PAYMENT RATES: PEDIATRIC (PED) SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 07/01/93

=====

- WV - - WI - - WY -

=====

<< MAXIMUM RATES >>

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IMMUNIZATIONS

90701 DIPHTHERIA, TETANUS, PERTUSSIS	22.18	2.06	18.00
90707 MEASLES, MUMPS, RUBELLA	59.13	2.06	32.00
90712 POLIOVIRUS	21.81	2.06	13.00
90731 HEPATITIS B	---	3.90	---
90737 INFLUENZA B	36.79	24.04	12.60

EVALUATION AND MANAGEMENT

- NEW PATIENT -			
99201 PHYSICIANS, TYPICALLY 10 MIN	33.00	27.27	23.90
99202 PHYSICIANS, TYPICALLY 20 MIN	---	31.56	37.73
99203 PHYSICIANS, TYPICALLY 30 MIN	---	38.96	50.98

- ESTABLISHED PATIENT -			
99211 PHYSICIANS, TYPICALLY 5 MIN	16.50	12.26	12.38
99212 PHYSICIANS, TYPICALLY 10 MIN	---	22.32	20.74
99213 PHYSICIANS, TYPICALLY 15 MIN	---	30.55	28.80

PREVENTIVE MEDICINE SERVICES

- NEW PATIENT -			
99381 UNDER AGE ONE	351.00	29.43	35.00
99382 AGE 1-4 YEARS	40.50	31.58	35.00
99383 AGE 5-11 YEARS	45.75	33.80	35.00
99384 AGE 12-17 YEARS	50.25	37.95	35.00

- ESTABLISHED PATIENT -			
99391 UNDER AGE ONE	30.00	24.18	35.00
99392 AGE 1-4 YEARS	31.50	25.42	35.00
99393 AGE 5-11 YEARS	33.75	27.67	35.00
99394 AGE 12-17 YEARS	39.75	29.36	35.00

ABOVE MAXIMUM RATES APPLY TO THE
FOLLOWING PRACTITIONER TYPES:

PEDIATRICIAN	Y	Y	Y
FAMILY PRACTITIONER	Y	Y	Y
CERTIFIED PEDIATRIC NURSE	Y	N	Y
PRACTITIONER			

ABOVE MAXIMUM RATES APPLY TO ALL AREAS
OF THE STATE

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
--- = PAYMENT NOT MADE UNDER THIS PROCEDURE CODE
U = PAYMENT RATE UNKNOWN

NOTE: IOWA ALLOWS A PERCENTAGE OF THE AVERAGE WHOLESAL PRICE (AWP) OF THE
VACCINE ON IMMUNIZATIONS. SOUTH DAKOTA ALLOWS A PERCENTAGE OF BILLED
CHARGES FOR CERTAIN PREVENTIVE MEDICINE SERVICES.

HCFA STATE PROFILE DATA SYSTEM
 MAXIMUM PAYMENT RATES: PEDIATRIC (PED) SERVICES
 EFFECTIVE MEDICAID STATE PLAN AS OF 07/01/93

	- WV -	- WI -	- WY -
STATE USES THESE METHODS TO DOCUMENT ACCESS TO PED SERVICES:			
(A) 50% PRAC. PARTICIPATION	Y	Y	Y
(B) COMPARISON OF PRAC. PARTICIPATION TO 3RD PARTY INSURER	N	N	N
(C) COMPARISON OF PAYMT RATES TO 3RD PARTY INSURER	N	N	N
(D) AGGREGATE INCREASE IN PAYMT RATES	N	N	N
(E) AVERAGE NO. VISITS	N	N	N
(F) RATIO APPROACH	N	N	N
(G) RECIPIENT SURVEYS	N	N	N
(H) PROGRAM INITIATIVES	N	N	N
(I) OTHER	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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NOTE: IOWA ALLOWS A PERCENTAGE OF THE AVERAGE WHOLESALE PRICE (AWP) OF THE VACCINE ON IMMUNIZATIONS. SOUTH DAKOTA ALLOWS A PERCENTAGE OF BILLED CHARGES FOR CERTAIN PREVENTIVE MEDICINE SERVICES.

Section 7: Home and Community-Based Services Waivers

Table 7-1	Characteristics of Approved HCBS Waivers	369
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THE UNIVERSITY OF CHICAGO

THE DIVISION OF THE PHYSICAL SCIENCES

SECTION 7: CHARACTERISTICS OF APPROVED HOME AND COMMUNITY-BASED SERVICES WAIVERS

The Home and Community-Based Services (HCBS) waiver program (section 1915(c) of the Act) was established by section 2176 of the Omnibus Budget Reconciliation Act (OBRA) in 1981. Under a HCBS waiver, States may pay for part or all of the cost of home or community-based services (other than room and board) which are provided, pursuant to a written plan of care, to individuals who but for the provision of such services would require the same level of care in a hospital, nursing facility, or ICF/MR. States must provide assurances regarding necessary safeguards to protect the health and welfare of individuals provided services under the waiver which include adequate standards for all types of providers that furnish services under the waiver. States must also provide assurances regarding financial accountability, evaluation and reevaluation of the need for a hospital, NF or ICF/MR level of care, choice of institutional or home and community-based services and available alternatives under the waiver, expenditures for home and community-based services, and reporting requirements pertaining to the waiver's impact on the type, amount, and cost of services provided under the State plan and the health and welfare of recipients (1915(c)(2) of the Act and 42 CFR 441.302).

Under a HCBS waiver, States have the flexibility to provide a broad array of home and community-based services not otherwise covered in the State plan. States may waive the comparability requirement to provide waiver services to waiver recipients (specific eligibility groups or to groups with specific illnesses or conditions) which are not available to other recipients in the same eligibility group. The waiver services may or may not be services that are available under the State plan. If the services are offered under the State plan, the waiver services could differ in either duration or scope. Waiving statewideness is optional and is used to phase-in new services. See 1902(a)(10)(B) and 1915(c)(3) of the Act.

From 1981 through 1992, 382 waivers from 48 States were approved. (Arizona operates its HCBS Waiver program under the authority of section 1115 of the Act. Alaska's four HCBS waivers were approved in February 1993.)

HCBS Waiver Data in the spDATA System

Only data from approved new and renewed HCBS waivers, approved temporary extensions, and approved modifications are included in the spDATA System. The tables in this publication reflect waiver data that were approved as of July 1, 1993.

Explanations of abbreviations and definitions of terms used in Table 7-1 are provided below:

STATE: See Appendix VI for the two-character State abbreviations.

WAIVER NUMBER: A unique control number assigned to each HCBS waiver.

STATUS: Waivers are either new or renewals. A new waiver is approved for 3 years, renewals are approved for 5 years.

MODEL: A model waiver may contain up to 200 individuals at any one time.

ELIG GRPS COVERED (Eligibility groups covered): The groups of recipients (e.g., SSI, AFDC) who will receive services under the waiver.

EFFECTIVE DATES: Effective dates show the duration of the current waiver period.

TEMP EXT TO (Temporary Extension To): During the period from the date a waiver is due to expire until the proposed date of renewal, HCFA may grant one or more temporary extensions to the life of the waiver. Temporary extensions are ordinarily granted for 90-day periods.

POPULATION GROUP(S) SERVED: States may target waiver programs to a wide variety of groups of people. These groups might include: (1) individuals who are aged, disabled, mentally retarded, developmentally disabled, or mentally ill; (2) individuals who have specific illnesses or conditions (e.g., people who have AIDS or traumatic brain injuries); and (3) any other group a State identified and defined in an approved waiver.

HCBW NATIONAL REPORT
 HOME & COMMUNITY-BASED WAIVERS APPROVED AS OF 07/01/93

STATE	WAIVER NUMBER	STATUS	MODEL	ELIG GRPS COVERED *	EFFECTIVE DATES	EXT. TO TEMP	POPULATION GROUP(S) SERVED
AL	00001	RENEWAL	NA	1	10/01/88-09/30/93	12/29/93	MR/DD
	00068	RENEWAL	NA	1, 2, 4	10/01/92-09/30/97	NA	AGED/DISABL
	00241	NEW	NA	1, 2, 4	04/01/92-03/31/95	NA	PHYS DISABL, MUSCULAR DISORD, NEURO DISORD, BRAIN/SPINAL INJUR, CONGENIT ANOMALIES, OTHER CONDS
	00245	NEW	NA	1, 2, 4	07/01/92-06/30/95	NA	MR/DD
AK	40162	NEW	Y	1	04/01/91-03/31/94	NA	PHYS DISABL, AGED/DISABL, SKELETAL DISORD, NEURO DISORD, BLOOD DISORD, CONGENIT ANOMALIES, OTHER CONDS
	00260	NEW	NA	1, 4	07/01/93-06/30/96	NA	MR/DD
	00261	NEW	NA	1, 4	07/01/93-06/30/96	NA	AGED
	00262	NEW	NA	1, 4	07/01/93-06/30/96	NA	PHYS DISABL
AR	00263	NEW	NA	1, 2, 4	07/01/93-06/30/96	NA	PHYS DISABL, MR/DD, TECH DEP CHILDN
	00188	NEW	NA	1, 2, 4	07/01/89-06/30/92	09/23/93	MR/DD
	00195	NEW	NA	5	01/01/91-12/31/93	NA	AGED
	00254	NEW	NA	1, 2, 4	07/01/93-06/30/96	NA	MR/DD, LIMITED TO MR/DD IN NF'S BUT PASARR SHOWS NEED FOR ICF/MR
CA	00129	RENEWAL	NA	1, 2, 5	10/01/92-09/30/97	NA	MR/DD
	00139	NEW	NA	1, 2, 3, 4	07/01/87-06/30/90	09/12/93	AGED, PHYS DISABL
	00141	NEW	NA	1, 2, 5	07/01/87-06/30/90	09/12/93	AGED/DISABL
	00164	NEW	NA	1, 2, 3	07/01/87-06/30/90	09/12/93	PHYS DISABL
CO	00183	NEW	NA	1, 2, 3	01/01/89-12/31/91	09/23/93	AIDS, AIDS RELATED CONDITIONS AND HIVS+ CHILDREN
	40136	NEW	Y	1, 2, 3, 4	07/01/87-06/30/90	09/12/93	PHYS DISABL
	00006	RENEWAL	NA	1, 2, 4	07/01/88-06/30/93	09/28/93	AGED/DISABL, BLIND
	00007	RENEWAL	NA	1, 2, 4	10/01/88-09/30/93	NA	MR/DD
CT	00199	RENEWAL	NA	1, 2, 4	07/01/92-06/30/97	NA	DD IN APPROPRIATELY RESIDING IN NFS
	00211	NEW	NA	1, 2, 4	01/01/91-12/31/93	NA	AIDS
	40157	NEW	Y	1, 2, 4	07/01/90-06/30/93	09/28/93	DISABLED CHILDREN
	00140	RENEWAL	NA	4	07/01/90-06/30/95	NA	AGED, PHYS DISABL
DE	00153	RENEWAL	NA	4	10/01/90-09/30/95	NA	MR/DD
	00222	NEW	NA	3, 4	01/01/93-12/31/95	NA	MR/DD
	40110	RENEWAL	Y	3, 4	01/01/92-12/31/96	NA	MR/DD
	00009	RENEWAL	NA	1, 4	07/01/89-06/30/94	NA	MR/DD
FL	00136	RENEWAL	NA	1, 4	07/01/89-06/30/94	NA	AGED/DISABL
	40159	NEW	Y	1, 4	01/01/91-12/31/93	NA	AIDS, HIV-RELATED DISEASES
	40173	NEW	Y	1, 4	09/01/92-08/31/95	NA	MR/DD
	00010A	RENEWAL	NA	1, 4	07/01/88-06/30/93	NA	AGED/DISABL
	00010B	RENEWAL	NA	1, 2, 4	07/01/88-06/30/93	NA	MR/DD
	00116	RENEWAL	NA	1, 4	07/01/88-06/30/93	NA	AGED/DISABL
	00194	NEW	NA	4	01/01/90-12/31/92	12/26/93	AIDS
	40166	NEW	Y	4	07/01/91-06/30/94	NA	NEURO DISORD

NA = NOT APPLICABLE

* KEY: 1=SS1 RECIPIENTS

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5=OTHER GROUPS

TABLE 7-1.

HCFA STATE PROFILE DATA SYSTEM
HCBW NATIONAL REPORT
HOME & COMMUNITY-BASED WAIVERS APPROVED AS OF 07/01/93

PAGE 2

STATE	WAIVER NUMBER	STATUS	MODEL	ELIG GRPS COVERED *	EFFECTIVE DATES	EXT. TO TEMP	POPULATION GROUP(S) SERVED
GA	00112	RENEWAL	NA	1, 4	10/01/92-09/30/97	NA	AGED/DISABL
	00175	RENEWAL	NA	1, 4	04/01/92-03/31/97	NA	MR/DD
	40116	RENEWAL	Y	1, 2, 4	10/01/92-09/30/97	NA	OXYGEN/RESP DEP
	40170	NEW	Y	1, 2, 4	04/01/92-03/31/95	NA	PHYS DISABL
HI	00013	RENEWAL	NA	1, 2, 3, 4	07/01/89-06/30/94	NA	MR/DD
	00014	RENEWAL	NA	1, 2, 3, 4	08/01/89-07/31/94	NA	PHYSICALLY DISABLED AND AGE 55 OR OVER
	00057	RENEWAL	NA	1, 2, 3, 4	10/01/92-09/30/97	NA	PHYS DISABL, AGED/DISABL
	00182	RENEWAL	NA	1, 2, 3, 4	06/01/92-05/31/97	NA	AIDS
ID	00076A	RENEWAL	NA	4	10/01/92-09/30/97	NA	MR/DD
	00076B	RENEWAL	NA	4	10/01/92-09/30/97	NA	AGED, PHYS DISABL, AGED/DISABL
IL	00142	RENEWAL	NA	3, 4, 5	10/01/89-09/30/94	NA	PHYS DISABL
	00143	RENEWAL	NA	1, 3	10/01/89-09/30/94	NA	AGED
	00202	NEW	NA	1, 3	10/01/90-09/30/93	NA	AIDS
	00204	NEW	NA	1	05/01/91-04/30/94	NA	MR/DD
	00205	NEW	NA	1, 3	06/01/91-05/31/94	NA	MR/DD
	40147	RENEWAL	Y	3	07/01/92-06/30/97	NA	MEDICALLY FRAGILE
IN	00210	NEW	NA	2, 5	07/01/90-06/30/93	09/28/93	AGED/DISABL
	00249	NEW	NA	2, 4, 5	07/01/92-06/30/95	NA	MR/DD
	00250	NEW	NA	2, 4, 5	04/01/92-03/31/95	NA	MR/DD
	40151	RENEWAL	Y	4	01/01/93-12/31/97	NA	MR/DD
	40171	NEW	Y	2, 4, 5	07/01/92-06/30/95	NA	MEDICALLY FRAGILE CHILDREN UNDER 18
IA	00213	NEW	NA	1, 2, 3, 4, 5	07/01/92-06/30/95	NA	AIDS
	00242	NEW	NA	1, 2, 3, 4, 5	03/01/92-02/28/95	NA	MR/DD
	00243	NEW	NA	1, 2, 3, 4, 5	03/01/92-02/28/95	NA	MR/DD
	40111	RENEWAL	Y	4, 5	08/01/92-07/31/97	NA	TECH DEP CHILDN, AIDS, VENTILATOR DEP
	40155	NEW	Y	5	08/01/90-07/31/93	NA	AGED
KS	00018	RENEWAL	NA	1, 2, 3	01/01/93-12/31/97	NA	MR/DD
	00224	NEW	NA	5	07/01/91-06/30/94	NA	MR/DD
	40164	NEW	Y	1, 2, 3	07/01/91-06/30/94	NA	HEAD INJURED
	40165	NEW	Y	1, 2, 3, 5	03/01/91-02/28/94	NA	TECH DEP CHILDN
KY	00019	RENEWAL	NA	1, 4	01/01/92-12/31/96	NA	MR/DD
	00144	RENEWAL	NA	1, 2, 3, 4	01/01/90-12/31/94	NA	AGED/DISABL
	40145	RENEWAL	Y	1, 2, 3, 4	04/01/92-03/31/97	NA	VENTILATOR DEP
	40146	RENEWAL	Y	1, 2, 3, 4	10/01/90-09/30/95	NA	VENTILATOR DEP

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HCBS NATIONAL REPORT
HOME & COMMUNITY-BASED WAIVERS APPROVED AS OF 07/01/93

STATE	WAIVER	NUMBER	STATUS	MODEL	ELIG GRPS COVERED *	EFFECTIVE DATES	TEMP EXT. TO	POPULATION GROUP(S) SERVED
LA	00121	RENEWAL	NA	1,2,4,5	01/01/93-12/31/97	NA		AGED/DISABL, AGED/DISABLED ONLY AGE 22 AND OLDER
	00200	NEW	NA	1,2,4,5	06/01/90-05/31/93	08/29/93		MR/DD
	00251	NEW	NA	1,2,4,5	07/01/92-06/30/95	NA		PHYS DISABL, COND/ILL SPECIFIC, AGES 18-55 WHEN ADMITTED TO WAIVER
	00257	NEW	NA	1,4,5	05/01/93-04/30/96	NA		AGED
ME	00088	RENEWAL	NA	1,3,4	07/01/93-06/30/98	NA		AGED, AGED 60 YEARS OLD OR OLDER
	00127	RENEWAL	NA	1,2,3,4	07/01/89-06/30/94	NA		PHYS DISABL
MD	00159	RENEWAL	NA	1,2,3,4	07/22/90-07/21/95	NA		MR/DD
	00023	RENEWAL	NA	1,2,3,4	04/01/92-03/31/97	NA		MR/DD
	00265	NEW	NA	1,2,4	07/01/93-06/30/96	NA		AGED, DISABLED 62 AND OVER
	40118	RENEWAL	Y	1,2,3,4	01/01/93-12/31/97	NA		PHYS DISABL, TECH DEP CHILDN, VENTILATOR DEP
MA	00059	RENEWAL	NA	1,3	01/01/87-12/31/91	06/29/94		PHYS DISABL, AGED/DISABL
	00064	RENEWAL	NA	1,3	07/01/92-06/30/97	NA		MR/DD
MI	00167	RENEWAL	NA	4	10/01/90-09/30/95	NA		MR/DD
	00233	NEW	NA	1,3,4	03/01/92-02/28/95	NA		AGED, PHYSICALLY DISABLED OVER 18
MN	40119	RENEWAL	Y	3,4	10/01/88-09/30/93	NA		DEVELOPMENTALLY DISABLED UNDER AGE 26
	00025	RENEWAL	NA	4,5	07/23/93-07/22/98	NA		AGED
MS	00061	RENEWAL	NA	1,2,3	07/01/92-06/30/97	NA		MR/DD
	00166	RENEWAL	NA	4,5	01/01/90-12/31/94	NA		DISABLED UNDER AGE 65
	00212	RENEWAL	NA	3,4	07/01/93-06/30/98	NA		MR/DD
	40128	RENEWAL	Y	3,4	04/01/93-03/30/98	NA		CHRONICALLY ILL
MO	40169	NEW	Y	2,3	03/01/92-02/28/95	NA		BRAIN/SPINAL INJUR
	00130	RENEWAL	NA	1	10/01/91-09/30/96	NA		AGED/DISABL
MT	00255	NEW	NA	1,4	07/01/93-06/30/96	NA		PHYS DISABL
	00026	RENEWAL	NA	4	04/22/93-04/21/98	NA		AGED
	00178	RENEWAL	NA	2,5	07/01/91-06/30/96	NA		MR/DD
	00197	RENEWAL	NA	2,5	07/01/92-06/30/97	NA		AIDS
NE	00239	NEW	NA	1,2	10/01/91-09/30/94	NA		MRDD DETERMINED TO REQUIRE ALTERNATIVE CARE - CURRENT NF RES
	00148	RENEWAL	NA	1,2,3,4	11/01/89-10/31/94	NA		AGED, PHYS DISABL
	00208	RENEWAL	NA	1,2,3,4	07/01/93-06/30/98	NA		MR/DD
	00232	NEW	NA	1,2,3,4	07/01/92-06/30/95	NA		MR/DD INAPPROPRIATELY PLACED IN NFS
NE	00172	RENEWAL	NA	3,4,5	10/01/90-09/30/95	NA		MR/DD
	00187	RENEWAL	NA	3,4,5	08/01/91-07/31/96	NA		AGED/DISABL
	00246	NEW	NA	3,4,5	01/13/92-01/12/95	NA		DISABLED CHILDREN UNDER 5 VERIFIED FOR SPECIAL EDUCATION
	40154	RENEWAL	Y	3,4,5	07/01/92-06/30/97	NA		MENTALLY RETARDED/DEVELOPMENTALLY DISABLED CHILDREN

NA = NOT APPLICABLE

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TABLE 7-1.

HCFA STATE PROFILE DATA SYSTEM
HCBW NATIONAL REPORT

PAGE 4

HOME & COMMUNITY-BASED WAIVERS APPROVED AS OF 07/01/93

STATE	WAIVER	NUMBER	STATUS	MODEL	ELIG GRPS COVERED *	EFFECTIVE DATES	EXT. TO	POPULATION GROUP(S)	SERVED	TEMP
NV		00125	RENEWAL	NA	1, 2, 4	10/01/88-09/30/93	NA	MR/DD		
		00152	RENEWAL	NA	1, 4	07/01/90-06/30/95	NA	AGED		
		00267	NEW	NA	1	07/01/93-06/30/96	NA	AGED		
		40150	RENEWAL	Y	1, 2, 4	01/01/93-12/31/97	NA	PHYS DISABL		
NH		00053	RENEWAL	NA	4	09/01/91-08/31/96	NA	MR/DD		
		00060	RENEWAL	NA	4	07/01/92-06/30/97	NA	AGED, PHYS DISABL		
NJ		00031	RENEWAL	NA	1, 4, 5	10/01/88-09/30/93	NA	MR/DD		
		00032	RENEWAL	NA	4, 5	10/01/91-09/30/96	NA	AGED/DISABL, MUST HAVE MEDICARE OR OTHER HEALTH INSUR. W/HOSP & PHYSICIAN		
		00160	RENEWAL	NA	1, 2, 4, 5	03/01/91-02/29/96	NA	PHYS DISABL, AIDS, CHILDREN UNDER AGE 5 WHO TEST POSITIVE FOR HIV		
		00244	NEW	NA	1, 2, 4	07/01/92-06/30/95	NA	PHYS DISABL, DISABLED MEDICALLY FRAGILE CHILD THRU AGE 21 UNDER DYFS SUPV		
		40104	RENEWAL	Y	4	09/01/92-08/31/97	NA	PHYS DISABL		
		40123	RENEWAL	Y	4, 5	04/01/93-03/31/98	NA	PHYS DISABL		
		40133	RENEWAL	Y	1, 2, 4	04/01/89-03/31/94	NA	PHYS DISABL		
		40174	NEW	Y	1, 4, 5	07/01/93-06/30/96	NA	PHYS DISABL, BRAIN/SPINAL INJUR, AGE 18-65 WITH MINIMUM OF LEVEL 4 ON RANCHO LOS AMIGOS SCALE		
NM		00161	NEW	NA	1, 4	07/01/87-06/30/90	09/12/93	AIDS, COND/ILL SPECIFIC		
		00169	RENEWAL	NA	1, 4	10/01/90-10/01/95	NA	AGED/DISABL		
		00173	RENEWAL	NA	1, 4	02/24/91-02/23/96	NA	MR/DD		
		00223	NEW	NA	1, 4	10/01/90-09/30/93	NA	MEDICALLY FRAGILE CHILDREN UNDER 21		
NY		00034	RENEWAL	NA	1, 3, 4	01/01/89-12/31/93	NA	AGED/DISABL		
		00238	NEW	NA	1, 2, 3, 4	09/01/91-08/31/94	NA	MR/DD		
		40125	RENEWAL	Y	3, 4	12/01/88-11/30/93	NA	PHYS DISABL, PHYSICALLY DISABLED CHILDREN 18 YEARS OF AGE AND UNDER		
		40148	RENEWAL	Y	3, 4	03/28/93-03/27/98	NA	TECH DEP CHILDN, OTHER DISABLED CHILDREN		
		40163	NEW	Y	3, 4	08/01/91-07/31/94	NA	MR/DD, MR/DD CHILDREN 18 OR UNDER WITH COMPLEX MEDICAL CONDITIONS		
NC		00132	RENEWAL	NA	3	10/01/88-09/30/93	NA	AGED/DISABL		
		00151	RENEWAL	NA	3	07/01/90-06/30/95	NA	MR/DD		
		40141	RENEWAL	Y	4	07/01/90-06/30/95	NA	TECH DEP CHILDN		
ND		00037	RENEWAL	NA	1, 2, 3, 4	04/01/89-03/31/94	NA	MR/DD		
		00054	RENEWAL	NA	1, 2, 3, 4	10/01/91-09/30/96	NA	AGED/DISABL, CONGENITALLY DISABLED		

NA = NOT APPLICABLE

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HOME & COMMUNITY-BASED WAIVERS APPROVED AS OF 07/01/93
 HCBS NATIONAL REPORT

STATE	WAIVER NUMBER	STATUS	MODEL	ELIG GRPS COVERED *	EFFECTIVE DATES	TEMP EXT. TO	POPULATION GROUP(S) SERVED
OH	00180	NEW	NA	1, 2, 4	01/01/88-12/31/90	09/15/93	AIDS
	00196	NEW	NA	2, 4, 5	12/15/89-12/14/92	09/09/93	MEDICALLY FRAGILE
	00198	RENEWAL	NA	4	07/01/93-06/30/98	NA	INDIVIDUALS OVER AGE 60
	00207	RENEWAL	NA	4	07/01/93-06/30/98	NA	MR/DD
	00218	NEW	NA	4	07/01/90-06/30/93	09/28/93	MR/DD
OK	00231	NEW	NA	4	07/01/91-06/30/94	NA	MR/DD
	00179	RENEWAL	NA	1, 2, 4	07/01/91-06/30/96	NA	MR/DD
	00234	NEW	NA	1, 2, 4, 5	04/01/91-03/31/94	06/29/94	MR/DD
	00256	NEW	NA	1, 4	07/01/93-06/30/96	NA	AGED/DISABL, LIMITED TO AGES 21 AND OLDER
OR	00117	RENEWAL	NA	1, 2, 4	04/01/88-03/31/93	12/26/93	MR/DD
	00185	RENEWAL	NA	1, 2, 4	10/01/91-09/30/96	NA	PHYS DISABL
	60001	RENEWAL	NA	1, 2, 4	10/01/91-09/30/96	NA	AGED, PHYS DISABL
	00147	RENEWAL	NA	4	07/01/90-06/30/95	NA	MR/DD
PA	00192	NEW	NA	1, 2, 3, 4, 5	04/01/90-03/31/93	NA	AIDS, HIV DISEASE
	00216	NEW	NA	4	07/01/91-06/30/94	NA	MR/DD
	00235	NEW	NA	4	10/01/91-09/30/94	NA	MR/DD
	40144	RENEWAL	Y	1, 2, 4	07/01/90-06/30/95	NA	TECH DEP CHILDN, CONGENT ANOMALIES, OTHER CONDS
	00040	RENEWAL	NA	1, 4	03/31/88-03/30/93	06/30/94	AGED/DISABL
RI	00162	RENEWAL	NA	1, 3, 4	07/01/91-06/30/96	NA	MR/DD
	00176	RENEWAL	NA	1, 3, 4	07/01/91-06/30/96	NA	AGED
	40126	RENEWAL	Y	1, 3, 4	04/01/89-03/31/94	06/30/94	PHYS DISABL
	40153	RENEWAL	Y	1, 3, 4	07/15/92-07/14/97	NA	PHYS DISABL, TECH DEP CHILDN
	00104	RENEWAL	NA	1, 2, 3, 4	10/01/92-09/30/97	NA	AGED/DISABL
SC	00186	RENEWAL	NA	1, 3, 4	10/01/91-09/30/96	NA	AIDS
	00237	NEW	NA	1, 2, 4, 5	10/01/91-09/30/94	NA	MR/DD
	40140	RENEWAL	Y	1	01/01/90-12/31/94	NA	BLOOD DISORD
	00044	RENEWAL	NA	1, 2, 4	06/01/93-05/31/98	NA	MR/DD
SD	00189	RENEWAL	NA	1, 4	10/01/91-09/30/96	NA	AGED
	00264	NEW	NA	1, 4	07/01/93-06/30/96	NA	DISABLED AGE 18 YEARS AND OLDER
	00062	RENEWAL	NA	1, 4	07/01/89-06/30/94	NA	AGED/DISABL
TN	00128	RENEWAL	NA	1, 3, 4	07/01/90-06/30/95	NA	MR/DD
	40132	RENEWAL	Y	1, 3, 4	07/01/90-06/30/95	NA	MR/DD
	00110	RENEWAL	NA	1, 2	09/01/88-08/31/93	05/29/94	MR/DD
TX	00181	RENEWAL	NA	1, 2, 5	07/01/91-06/30/96	NA	MEDICALLY DEPENDENT CHILDREN UNDER 21
	00221	NEW	NA	1, 2, 4, 5	02/01/91-01/31/94	07/29/94	MR/DD
	00240	NEW	NA	1, 2, 5	06/01/92-05/31/95	NA	MR/DD, RESIDE IN A NF
	00266	NEW	NA	1, 4	09/01/93-08/31/96	NA	AGED/DISABL, AGE 21 AND OLDER ONLY

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TABLE 7-1.

HCFA STATE PROFILE DATA SYSTEM

PAGE 6

HOME & COMMUNITY-BASED WAIVERS APPROVED AS OF 07/01/93

STATE	WAIVER NUMBER	STATUS	MODEL	ELIG GRPS COVERED *	TEMP		EXT. TO	POPULATION GROUP(S)	SERVED
					EFFECTIVE DATES	NA			
UT	00158	RENEWAL	NA	1,2,3,4	07/01/90-06/30/95	NA	MR/DD		
	00247	NEW	NA	1,3,4	07/01/92-06/30/95	NA	AGED		
VT	00047A	RENEWAL	NA	1,2,3,4	04/01/93-03/31/98	NA	MR/DD		
	00047B	RENEWAL	NA	1,2,3,4	05/16/88-05/15/93	11/12/93	MENTALLY ILL UNDER AGE 22 YEARS OLD		
	00163	RENEWAL	NA	1,2,3,4	09/29/90-09/28/95	NA	PHYS DISABL		
	00217	NEW	NA	1,2,3,4	01/01/91-12/31/93	NA	MR/DD		
VA	00048	RENEWAL	NA	1,2,3,4,5	07/01/93-06/30/98	NA	AGED/DISABL		
	00225	NEW	NA	1,2,3,4	01/01/91-12/31/93	NA	MR/DD		
	00227	NEW	NA	1,2,3,4	01/01/91-12/31/93	NA	MR/DD		
	40149	NEW	Y	1,2,3,4	12/01/91-11/30/94	NA	TECH DEP CHILDN, VENTILATOR DEP		
	40160	NEW	Y	1,2,4	01/01/91-12/31/93	NA	AIDS, ARC		
WA	00049	RENEWAL	NA	1,4	04/01/89-03/31/94	NA	AGED/DISABL		
	00050	RENEWAL	NA	1,4,5	04/30/87-04/29/92	07/29/93	MR/DD		
	00203	NEW	NA	1,4,5	01/01/90-12/31/92	09/27/93	MR/DD		
	00206	NEW	NA	4,5	07/01/90-06/30/93	09/28/93	AIDS		
	40143	NEW	Y	1,4	12/01/87-11/30/90	08/16/93	BLIND OR DISABLED		
WV	00133	RENEWAL	NA	4	07/01/93-06/30/98	NA	MR/DD		
	00134	RENEWAL	NA	3,4	07/01/93-06/30/98	NA	AGED/DISABL		
WI	00154	RENEWAL	NA	1,2,3,4	01/01/90-12/31/94	NA	AGED/DISABL		
	00229	NEW	NA	1,3,4	01/01/91-12/31/93	NA	MR/DD		
	00230	NEW	NA	1,3,4	01/01/91-12/31/93	NA	MR/DD		
WY	00226	NEW	NA	1,2,4	02/01/91-01/31/94	NA	MR/DD		
	00236	NEW	NA	1,4	07/01/93-06/30/96	NA	AGED, PHYS DISABL		
	00253	NEW	NA	1,2,4	07/01/92-06/30/95	NA	MR/DD		

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SECTION 8: Medicaid Managed Care Enrollment

Table 8-1: Medicaid Managed Care Enrollment Report	380
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SECTION 8: MEDICAID MANAGED CARE ENROLLMENT

The number of Medicaid managed care enrollees increased to 4.81 million as of June 30, 1993, up from 3.63 million in 1992. This is an increase of nearly 33 percent during the past year, with enrollment having more than doubled since 1990. Forty-two States are now using some form of a managed care program in order to provide health care for Medicaid recipients. Of the 33 million people enrolled in the Medicaid program, almost 15 percent of those are enrolled in a Medicaid managed care program. As the statistics indicate, many States have chosen Medicaid managed care programs as an alternative way to provide Medicaid recipients with quality health care, while also realizing some cost savings in State dollars.

Medicaid managed care programs include health maintenance organizations (HMOs), health insuring organizations (HIOs), prepaid health plans (PHPs), and primary care case management systems (PCCMs). Managed care programs promote preventive medicine, access to quality medical services, a continuum of care, and education. HCFA requires that Medicaid managed care programs meet access and quality standards and cost no more than the amount that would be spent on comparable fee-for-service care.

HCFA defines HMOs and most HIOs as entities that contract on a risk basis, to offer a comprehensive range of services. HMOs are either federally qualified (meet Federal standards imposed by HCFA) or State plan defined (meets State's HMO requirements). PHPs have a capitation contract which provides less than comprehensive services or provides services which are paid on a non-risk basis. Under many PCCMs, health care providers contract with the States to act as "gatekeepers" to provide primary care services and authorize non-emergency referrals for Medicaid recipients, in exchange for a monthly case management fee per patient.

Data on Medicaid Managed Care Enrollment are taken from HCFA's *Medicaid Managed Care Enrollment Report* dated June 30, 1993.

Definitions for the terms used on Table 8-1 are as follows:

STATE: The standard two-letter abbreviation for States with managed care programs are listed in alphabetical order, by region.

NAME OF PROGRAM: Individual managed care programs within each State are listed alphabetically by program type.

PROGRAM TYPE

HMO--Health Maintenance Organization: An organized system for providing health care in a geographic area which accepts the responsibility to provide or otherwise assure the delivery of a set of comprehensive health services to its members, including Medicaid or Medicare eligibles, and for which services the HMO is reimbursed on a prepaid capitated risk basis without regard to the amount of actual services provided.

HMO/FQ--Federally Qualified: A federally qualified HMO has fulfilled the requirements of the HMO Act, its amendments and the regulations.

HMO/SPD--State Plan Defined: If an HMO is not federally qualified and is not exempt from section 1903(m)(2)(A)(i), it must meet the HMO definition specified in the State plan.

PHP--Prepaid Health Plan: A health plan which contracts on a prepaid, capitated risk basis or contracts on a non-risk basis to provide health care services which are less than comprehensive. Some providers which meet the above definition of HMO are treated as PHPs through special statutory exemption.

HIO--Health Insuring Organization: An organization that either provides for or arranges for the provision of health care, and contracts on a prepaid capitated risk basis to provide a comprehensive set of services for individuals, including Medicaid recipients. With narrow exceptions, an HIO is required to meet the State plan definition of HMO.

PCCM--Primary Care Case Management: A Freedom of Choice waiver program under the authority of section 1915(b) of the Act. States contract directly with primary care providers (PCP) who agree to be responsible for the provision and/or coordination of medical services to Medicaid recipients under their care. Currently most PCCM programs pay the PCP a monthly case management fee in addition to receiving fee-for-service (FFS) payment.

REIMBURSEMENT ARRANGEMENT

FUL--Fully Capitated: A method of payment for health care services in which an individual or institutional provider is paid a fixed, per capita amount for each person served without regard to the actual number or nature of services provided to each person. Capitation is characteristic of HMOs.

PAR--Partially Capitated: A method of payment using the combined methods of capitation and fee-for-service.

FFS--Fee-For-Service: A method of charging, whereby a physician or other practitioner bills for each encounter of service rendered. This fee is based on the number of services provided and not related to the number of patients.

ELIGIBLE POPULATION

All Medicaid: All individuals who have been determined to be eligible for Medicaid.

AFDC and Related Groups: Aid to Families with Dependent Children (AFDC) is a program of income support for low-income families.

SSI and Related Groups: Supplemental Security Income (SSI) is a program of income support for low-income aged, blind, and disabled persons.

Other: Other includes any other special population that the State may wish to cover under a managed care plan, (i.e., foster children, high-risk pregnant women, etc.).

GEOGRAPHIC AREA

Statewide: The program is available to Medicaid eligibles throughout the State.

Other: The program is available only within designated areas of the State.

MEDICAID ENROLLEES: the number of Medicaid recipients enrolled in the individual managed care programs as of June 30, 1993, subtotalled by State and by region.

TABLE 8-1
 MEDICAID MANAGED CARE ENROLLMENT REPORT
 PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ELIGIBLE POPULATION			GEOGRAPHIC AREA		MEDICAID ENROLLEES AS OF 6/30/93
				ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	OTHER	STATEWIDE OTHER	
REGION 1									
MA	STATE: MASSACHUSETTS BAY STATE	HMO/FQ	FUL	Y			CUBAN, VIETNAMESE & CAMBODIAN REFUGEE PROGRAM, MA/UNDER 21, DISABLED INDIVIDUALS W/O MEDICARE	EASTERN MASS	5035
MA	FALLON	HMO/FQ	FUL	Y		Y	MA/AGED, MA/DISABLED, MA/UNDER 21, CUBAN VIETNAMESE REFUGEE	CENTRAL MASS	4645
MA	HARVARD	HMO/FQ	FUL	Y		Y	CUBAN, VIETNAMESE & CAMBODIAN REFUGEE PROGRAM, MA/AGED, MA/DISABLED.	METRO BOSTON AND BRISTOL, ESSEX, AND MIDDLESEX COUNTIES	15321
MA	HEALTH NEW ENGLAND	HMO/FQ	FUL	Y			CUBAN, VIETNAMESE & CAMBODIAN REFUGEE PROGRAM, MA/UNDER 21,DISABLED INDIVIDUALS W/OUT MEDICARE.	WESTERN MASS	3318
MA	HMO BLUE - EAST	HMO/FQ	PAR	Y				CITY OF BOSTON, GREATER BOSTON, NORTH SHORE REGION, SOUTHEASTERN MASSACHUSETTS	4256
MA	HMO BLUE - WEST	HMO/FQ	FUL	Y			MA/UNDER 21, DISABLED INDIVIDUALS W/OUT MEDICARE.	EASTERN MASS AND HAMPDEN AND HAMPSHIRE COUNTIES	3891
MA	KAISER	HMO/FQ	FUL	Y		Y	CUBAN, MA/UNDER 21, DISABLED INDIVIDUALS W/OUT MEDICARE.	WESTERN MASS	1424

TABLE 8-1
 MEDICAID MANAGED CARE ENROLLMENT REPORT
 PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ELIGIBLE POPULATION			OTHER	GEOGRAPHIC AREA		MEDICAID ENROLLEES AS OF 6/30/93
				ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED		STATEWIDE	OTHER	
MA	OCEAN STATE	HMO/FQ	FUL		Y		VIETNAMESE & CAMBODIAN REFUGEE PROGRAM, MA/AGED, MA/DISABLED, MA/UNDER 21, MA UNDER 21, DISABLED INDIVIDUALS W/OUT MEDICARE			4382
MA	PILGRIM HEALTH PLAN	HMO/FQ	FUL		Y		CUBAN, VIETNAMESE & CAMBODIAN REFUGEE PROGRAM, MA/UNDER 21, MA/UNDER 21, DISABLED INDIVIDUALS W/OUT MEDICARE	SOUTHEASTERN MASS. BOSTON		5030
MA	TUFTS HEALTH PLAN	HMO/FQ	FUL		Y		VIETNAMESE & CAMBODIAN REFUGEE PROGRAM, MA/UNDER 21, REFUGEES, DISABLED INDIVIDUALS W/OUT MEDICARE	EASTERN MASS		5644
MA	CAPITAL AREA COMMUNITY HP	HMO/SPD	FUL		Y		INDIVIDUALS W/OUT MEDICARE MA/UNDER 21, DISABLED INDIVIDUALS W/OUT MEDICARE CUBAN	WESTERN MASS		709
MA	CENTRAL MASS	HMO/SPD	FUL		Y		VIETNAMESE REFUGEE PROGRAM MA/UNDER 21, DISABLED INDIVIDUALS W/OUT MEDICARE CUBAN REFUGEE PROGRAM	CENTRAL MASS (WORCESTER AND SURROUNDING CITIES AND TOWNS)		4657
MA	COMMUNITY MEDICAL ALLIANC	HMO/SPD	FUL				PERSONS WITH AIDS AND SEVERELY DISABLED INDIVIDUALS MA/UNDER 21, DISABLED INDIVIDUALS	BOSTON, METRO BOSTON		320
MA	HMO BLUE - CENTRAL	HMO/SPD	FUL		Y		MA/UNDER 21, DISABLED INDIVIDUALS	WESTERN MASS		1105

TABLE 8-1
MEDICAID MANAGED CARE ENROLLMENT REPORT
PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ELIGIBLE POPULATION			GEOGRAPHIC AREA		MEDICAID ENROLLEES AS OF 6/30/93
				ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	OTHER	STATEWIDE OTHER	
MA	NEIGHBORHOOD SPECIAL	HMO/SPD	FUL				W/OUT MEDICARE, CUBAN, VIETNAMESE REFUGEE PROGRAM PERSONS WITH AIDS AND SEVERELY DISABLED INDIVIDUALS	BOSTON, METRO BOSTON	200
							MA/UNDER 21, DISABLED INDIVIDUALS	CITY OF BOSTON	20174
							W/OUT MEDICARE		
							M/A UNDER 21, REFUGEES, DISABLED INDIVIDUALS	METRO BOSTON AND WORCESTER COUNTY	12283
							W/OUT MEDICARE		
MA	PRIMARY CARE CLINICIAN ^	PCCM	FFS	Y					0^
MA	MENTAL HEALTH MGMT AMERIC	PHP	FUL	Y					379715
Subsubtotal, MASSACHUSETTS (19 Programs)									472109
^Enrollment is 223,020, however these individuals also enrolled in Mental Health Management of America program. "0" used to avoid duplicate count.									
STATE: NEW HAMPSHIRE									
NH	MATTHEW B. THORNTON	HMO/FQ	FUL		Y		FOSTER CARE AND CHILD WELFARE PROGRAMS	NASHUA, MANCHESTER, PORTSMOUTH, ROCHESTER, DOVER, AND SALEM SERVICE AREAS	6500
Subsubtotal, NEW HAMPSHIRE (1 Program)									
STATE: RHODE ISLAND									
RI	HCHP OF N.E. (WAS RIGHA)	HMO/FQ	FUL		Y		FOSTER CHILDREN Y		1500
Subsubtotal, RHODE ISLAND (1 Program)									
Subtotal, REGION 1 (21 Programs in 3 of 6 States)									

TABLE 8-1
MEDICAID MANAGED CARE ENROLLMENT REPORT
PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ELIGIBLE POPULATION			GEOGRAPHIC AREA		MEDICAID ENROLLEES AS OF 6/30/93
				ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	STATEWIDE	OTHER	
REGION 2									
STATE: NEW JERSEY									
NJ	GARDEN STATE HEALTH PLAN	HMO/SPD	FUL		Y	Y	Y		15406
NJ	HIP OF NEW JERSEY	HMO/SPD	FUL		Y			BURLINGTON, GLOUCESTER, HUDSON	2766
Subsbttotal, NEW JERSEY (2 Programs)									

STATE: NEW YORK									
NY	AETNA HEALTH PLANS OF NY	HMO/FQ	FUL		Y			BROOKLYN	1190
NY	GROUP HEALTH	HMO/FQ	FUL		Y			MONROE COUNTY	10348
NY	OXFORD HEALTH PLANS	HMO/FQ	FUL		Y			BROOKLYN	6234
NY	US HEALTHCARE	HMO/FQ	FUL		Y			ALL FIVE BOROS OF NEW YORK CITY	9233
NY	BLUECARE PLUS, INC.	HMO/SPD	FUL		Y			HERKIMER COUNTY	486
NY	CAPITAL AREA COMMUNITY	HMO/SPD	FUL		Y			RENSSELAER, ULSTER, DUTCHESS, OTSEGO, DELAWARE AND ORANGE COUNTIES	2910
NY	CAPITAL DISTRICT PHY.	HMO/SPD	FUL		Y			COLUMBIA, SCHENECTADY, GREENE, ALBANY COUNTIES	2000
NY	EMPIRE BC/BS HEALTHNET	HMO/SPD	FUL		Y			BROOKLYN	1534
NY	HEALTH CARE PLAN	HMO/SPD	FUL		Y			ERIE COUNTY	1438
NY	HEALTH SERVICES MEDICAL	HMO/SPD	FUL		Y			ONONDAGA COUNTY	1177
NY	HIP OF NEW YORK/HRA	HMO/SPD	FUL		Y	Y		THE FIVE BOROS OF NEW YORK CITY (BROOKLYN, THE BRONX, QUEENS, MANHATTAN, STATEN ISLAND)	62348
NY	HIP OF NEW YORK/NASSAU	HMO/SPD	FUL					NASSAU COUNTY	1556
NY	HIP OF NEW YORK/SUFFOLK	HMO/SPD	FUL		Y			SUFFOLK COUNTY	2508
NY	HIP OF NY/WESTCHESTER	HMO/SPD	FUL		Y			WESTCHESTER COUNTY	1127
NY	INDEPENDENT HEALTH ASSOC.	HMO/SPD	FUL		Y			ERIE AND NIAGARA COUNTIES	8371

TABLE 8-1
 MEDICAID MANAGED CARE ENROLLMENT REPORT
 PROGRAM SUMMARY AS OF JUNE 30, 1993

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				ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	STATEWIDE	OTHER	
NY	INDEPENDENT LIVING FOR SR	HMO/SPD	FUL			Y		MONROE COUNTY	105
NY	METROPOLITAN HOSPITAL	HMO/SPD	FUL		Y	Y		MANHATTAN, THE BRONX, BROOKLYN AND QUEENS COUNTIES	7998
NY	MIDHUDSON HEALTH PLAN	HMO/SPD	FUL		Y			ULSTER COUNTY	2140
NY	MOHAWK VALLEY PHYSICIAN	HMO/SPD	FUL		Y			DELAWARE, MONTGOMERY, HERKIMER, FULTON, ONEIDA AND OTSEGO COUNTIES	3194
NY	PREFERRED CARE	HMO/SPD	FUL		Y			SPECIFIC ZIP CODE AREAS WITHIN MONROE COUNTY	4083
NY	PRUCARE	HMO/SPD	FUL		Y			SPECIFIC ZIP CODE AREAS WITHIN ORANGE COUNTY	694
NY	SANUS HEALTH PLAN	HMO/SPD	FUL		Y			SUFFOLK AND NASSAU COUNTIES	5827
NY	TRAVELERS HEALTH NETWORK	HMO/SPD	FUL		Y			ONONDAGA COUNTY	563
NY	WELLCARE OF NEW YORK, INC	HMO/SPD	FUL		Y			ORANGE, DUTCHESS, RENSELAER, COLUMBIA, ULSTER AND GREENE COUNTIES	4755
NY	ERIE PCCM II	PCCM	PAR		Y	Y		SPECIFIC ZIP CODE AREAS WITHIN THE CITY OF BUFFALO	1904
NY	ERIE PCMP I	PCCM	PAR		Y	Y		SPECIFIC ZIP CODES IN CITY	2392
NY	COMPRECARE, INC.	PHP	FUL		Y			OF BUFFALO WARREN AND WASHINGTON COUNTIES	1743
NY	ERIE COUNTY PCMP III	PHP	PAR		Y	Y		ALL AID CATEGORIES EXCEPT OVER 65 (NO SPENDDOWN)	1355
NY	FAMILY HEALTH SERVICES	PHP	PAR	Y				CHAUTAUQUA COUNTY	1169

TABLE 8-1
 MEDICAID MANAGED CARE ENROLLMENT REPORT
 PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ELIGIBLE POPULATION			GEOGRAPHIC AREA		MEDICAID ENROLLEES AS OF 6/30/93
				ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	STATEWIDE	OTHER	
NY	LUTHERAN MEDICAL CENTER	PHP	FUL		Y	Y		SPECIFIC ZIP CODE AREAS	7492
NY	MANHATTAN PHSP	PHP	FUL		Y			WITHIN BROOKLYN SPECIFIC AREAS	4408
NY	ORANGE COUNTY MCP	PHP	PAR		Y			WITHIN MANHATTAN COUNTY	5
NY	PRIMECARE	PHP	PAR		Y			ORANGE COUNTY MANHATTAN	2292
NY	SOUTHERN TIER	PHP	PAR		Y			SECTION OF NEW YORK CITY	3438
NY	SYRACUSE COMMUNITY HEALTH	PHP	FUL		Y			CHEMUNG COUNTY	4489
NY	THE BRONX PHSP	PHP	FUL		Y			ONONDAGA COUNTY	18291
NY	WESTCHESTER PHSP	PHP	FUL		Y			BRONX COUNTY	2675
								SPECIFIC ZIP CODE AREAS	
								WITHIN WESTCHESTER COUNTY	
									193472
									211644
Subtotal, NEW YORK (37 Programs)									
Subtotal, REGION 2 (39 Programs in 2 of 2 States)									

REGION 3

STATE:	DISTRICT OF COLUMBIA								
DC	CHARTERED HEALTH PLAN	PHP	PAR		Y				16000
	Subtotal, DISTRICT OF COLUMBIA (1 Program)								16000
STATE:	MARYLAND								
MD	CHESAPEAKE HEALTH PLAN	HMO/SPD	FUL	Y				ANNE ARUNDEL, BALTIMORE, MONTGOMERY, PRINCE GEORGE COUNTIES AND BALTIMORE CITY	10000
MD	COLUMBIA FREE STATE	HMO/SPD	FUL	Y				ANNE ARUNDEL, BALTIMORE, CARROLL, FREDERICK, HARFORD, HOWARD, MONTGOMERY, AND	1000

TABLE 8-1
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PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ELIGIBLE POPULATION			GEOGRAPHIC AREA		MEDICAID ENROLLEES AS OF 6/30/93
				ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	STATEWIDE	OTHER	
MD	PRUDENTIAL HEALTH PLAN	HMO/SPD	FUL	Y				PRINCE GEORGE COUNTIES AND BALTIMORE CITY	41000
MD	DIABETES MANAGED CARE	PCCM	FFS					BALTIMORE COUNTY AND BALTIMORE CITY	2100
								CATEGORICALLY Y NEEDY THAT HAVE BEEN DISCHARGED FROM AN INPATIENT STAY RELATED TO DIABETES	
MD	MARYLAND ACCESS TO CARE	PCCM	FFS		Y			CATEGORICALLY Y NEEDY	220000
MD	TOTAL HEALTH CARE	PHP	FUL	Y				BALTIMORE COUNTY AND BALTIMORE CITY	22000
Subsbttotal, MARYLAND (6 Programs)									

STATE:	PENNSYLVANIA								
PA	HEALTHPASS	HIO	FUL	Y				SOUTH AND WEST PHILADELPHIA	70600
PA	AETNA HEALTH PLAN	HMO/FQ	FUL	Y				ALLEGHENY, ARMSTRONG, BEAVER, AND WESTMORELAND COUNTIES	2943
PA	GREATER ATLANTIC HEALTH	HMO/FQ	FUL	Y				PHILADELPHIA, BUCKS, AND DELAWARE COUNTIES	21559
PA	KEYSTONE HEALTH PLAN EAST	HMO/FQ	FUL	Y				PHILADELPHIA, BUCKS, DELAWARE, AND MONTGOMERY COUNTIES	136422
PA	FREEDOM HEALTH CARE	HMO/SPD	FUL	Y				LEHIGH, BERKS AND LANCASTER COUNTIES	7735
PA	HEALTHMATE	PHP	FUL	Y				DAUPHIN COUNTY	4046
Subsbttotal, PENNSYLVANIA (6 Programs)									243305

TABLE 8-1
MEDICAID MANAGED CARE ENROLLMENT REPORT
PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	OTHER	GEOGRAPHIC AREA	MEDICAID ENROLLEES AS OF 6/30/93
STATE: VIRGINIA									
VA	MEDALLION	PCCM	FFS		Y			PILOT PROJECT IN HAMPTON, MARTINSVILLE, PETERSBURG, AND RICHMOND	61393
Subsubtotal, VIRGINIA (1 Program)									
STATE: WEST VIRGINIA									
WV	WV PAAS	PCCM	FFS		Y				74877
Subsubtotal, WEST VIRGINIA (1 Program)									
Subtotal, REGION 3 (15 Programs in 5 of 6 States)									
REGION 4									
STATE: ALABAMA									
AL	MATERNITY SERVICES WAIVER	PCCM	FFS					MEDICAID ELIGIBLE OR PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	36487
Subsubtotal, ALABAMA (1 Program)									
STATE: FLORIDA									
FL	ASSOC. I.N.E.D.	HMO/SPD	FUL		Y			DADE COUNTY	273
FL	BETTER HEALTH PLAN	HMO/SPD	FUL		Y			BAKER, BROWARD, CLAY, DUVAL, HILLSBOROUGH, PINELLAS, PASCO, PALM BEACH, OKEECHOBEE, MARTIN AND ST. LUCIE COUNTIES.	36958
FL	CAC HEALTH PLAN, INC.	HMO/SPD	FUL		Y			DADE AND BROWARD COUNTIES	18017
FL	CENTURY	HMO/SPD	FUL		Y				150147
FL	COMMUNITY MEDICAL PLAN	HMO/SPD	FUL		Y			DADE, BROWARD	17791

TABLE 8-1
MEDICAID MANAGED CARE ENROLLMENT REPORT
PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	OTHER	GEOGRAPHIC AREA	MEDICAID ENROLLEES AS OF 6/30/93
								STATEWIDE OTHER	
FL	CONTINENTAL	HMO/SPD	FUL		Y	Y	SOBRA	AND PALM BEACH COUNTIES	173
FL	FAMILY FIRST PLAN	HMO/SPD	FUL		Y			DADE COUNTY	967
FL	FAMILY HEALTH PLAN	HMO/SPD	FUL		Y	Y	FOSTER AND SOBRA	VOLUSIA COUNTY	20236
FL	GENESIS HEALTH SYSTEMS	HMO/SPD	FUL		Y	Y	FOSTER AND SOBRA	DADE AND BROWARD COUNTIES	13188
FL	KEYCARE	HMO/SPD	FUL		Y		FOSTER AND SOBRA	ORANGE, SEMINOLE, OSCEOLA, BREVARD, VOLUSIA, OKEECHOBEE, HIGHLANDS AND POLK COUNTIES	442
FL	LOURDES HEALTH PLAN	HMO/SPD	FUL		Y	Y	FOSTER AND SOBRA	DADE AND PALM BEACH COUNTIES	14632
FL	MIAMI-DADE HEALTH PLAN	HMO/SPD	FUL		Y	Y	FOSTER AND SOBRA	DADE COUNTY	9762
FL	PALM BEACH CO. H. D.	HMO/SPD	FUL		Y		FOSTER AND SOBRA	PALM BEACH COUNTY	3853
FL	PREFERRED HEALTH PLAN	HMO/SPD	FUL		Y	Y	FOSTER AND SOBRA	DADE COUNTY	774
FL	PUBLIC HEALTH TRUST-DADE	HMO/SPD	FUL		Y	Y	FOSTER AND SOBRA	DADE COUNTY	5544
FL	SUBURBAN HEALTH PLAN	HMO/SPD	FUL		Y	Y	FOSTER AND SOBRA	DADE COUNTY	250
FL	MEDIPASS	PCCM	FFS		Y				89971
Subsubtotal, FLORIDA (17 Programs)									382978
STATE: GEORGIA									
GA	SUBSTANCE ABUS. PREG. WMN	PCCM	FFS					11 COUNTIES	70
Subsubtotal, GEORGIA (1 Program)									70
STATE: KENTUCKY									
KY	KENPAC	PCCM	FFS		Y			111 OUT OF 120 COUNTIES	304785

TABLE 8-1
MEDICAID MANAGED CARE ENROLLMENT REPORT
PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ELIGIBLE POPULATION			GEOGRAPHIC AREA	MEDICAID ENROLLEES AS OF 6/30/93
				ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	OTHER	
Subsubtotal, SOUTH CAROLINA (3 Programs)								
STATE: TENNESSEE								12340
TN	PRIMARY CARE NETWORK	HMO/SPD	FUL		Y		BEDFORD, CAMPBELL, CLAIBORNE, COCKE, DAVIDSON, FAYETTE, HAMELEN, HAMILTON, HARDEMAN, HENRY, MARION, MONROE, MORGAN, ROBERTSON, SHELBY, AND WILSON COUNTIES	28146
Subsubtotal, TENNESSEE (1 Program)								
Subtotal, REGION 4 (26 Programs in 7 of 8 States)								
REGION 5								
STATE: ILLINOIS								
IL	CHICAGO HMO	HMO/FQ	FUL		Y		COOK COUNTY	102558
IL	AMERICAN HMO	HMO/SPD	FUL		Y		COOK COUNTY	262
IL	IL MASONIC COM HEALTH PLA	HMO/SPD	FUL		Y		COOK COUNTY	2106
IL	HEALTHY MOMS/HEALTHY KIDS	PCCM	PAR				CHICAGO	10600
PREGNANT WOMEN, CHILDREN 0-20								
IL	PARTNERSHIP (CHICAGO)	PCCM	PAR	Y			CHICAGO WEST SIDE	4176
IL	PARTNERSHIP (E ST. LOUIS)	PCCM	PAR	Y			EAST ST. LOUIS	3680
Subsubtotal, ILLINOIS (6 Programs)								
STATE: INDIANA								
IN	METRO HEALTH	HMO/FQ	FUL		Y		MARION COUNTY	623

TABLE 8-1
 MEDICAID MANAGED CARE ENROLLMENT REPORT
 PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ELIGIBLE POPULATION			GEOGRAPHIC AREA		MEDICAID ENROLLEES AS OF 6/30/93
				ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	STATEWIDE	OTHER	
Subsbttotal, INDIANA (1 Program)									

STATE: MICHIGAN									
MI	BLUECARE NETWORK EAST MI	HMO/FQ	FUL	Y				SAGINAW, BAY, AND GENESE COUNTIES	1655
MI	COMPREHENSIVE HEALTH SERV	HMO/FQ	FUL	Y				WAYNE, OAKLAND, MACOMB, OCEANA, MUSKEGON, MONROE, AND GENESE COUNTIES	97856
MI	HEALTH ALLIANCE PLAN	HMO/FQ	FUL	Y				WAYNE, OAKLAND, AND MACOMB COUNTIES	15824
MI	OMNI CARE HEALTH PLAN HMO	HMO/FQ	FUL	Y				WAYNE, OAKLAND, MACOMB, AND MONROE COUNTIES	45538
MI	SELECTCARE/MEDEXTEND	HMO/FQ	FUL	Y				WAYNE, OAKLAND, AND MACOMB COUNTIES	4670
MI	TOTAL HEALTHCARE DETROIT	HMO/FQ	FUL	Y				WAYNE, OAKLAND, AND MACOMB COUNTIES	16797
MI	CARECHOICES	HMO/SPD	FUL	Y				WAYNE COUNTY	28
MI	LIFECHOICE QUALITY HEALTH	HMO/SPD	FUL	Y				WAYNE COUNTY	14265
MI	PHYSICIAN SPONSER PLAN	PCCM	PFS	Y			Y	WAYNE COUNTY	172263
MI	CAPE MEDICAL INC	PHP	PAR	Y				WAYNE COUNTIES	6529
MI	FIRST CARE CLINIC	PHP	PAR	Y				MACOMB AND WAYNE COUNTIES	7459
MI	KOINONTA	PHP	PAR	Y				MUSKEGON COUNTY	1046
MI	MIDWEST HEALTH CENTER	PHP	PAR	Y				WAYNE COUNTY	3827
Subsbttotal, MICHIGAN (13 Programs)									

STATE: MINNESOTA									
MN	ITASCA MEDICAL	HIO	FUL	Y				ITASCA COUNTY	3952
MN	GROUP HEALTH INC (VOL)	HMO/FQ	FUL		Y			ANOKA, SCOTT, CARVER, AND RAMSEY COUNTIES	805
MN	GROUP HEALTH INC (MAN)	HMO/FQ	FUL	Y				HENNEPIN AND DAKOTA COUNTIES	2289
MN	SENIORS PLUS	HMO/FQ	FUL			Y		HENNEPIN AND	250

TABLE 8-1
MEDICAID MANAGED CARE ENROLLMENT REPORT
PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	OTHER	GEOGRAPHIC AREA	MEDICAID ENROLLEES AS OF 6/30/93
								STATEWIDE OTHER	
MN	BLUE PLUS	HMO/SPD	FUL	Y				DAKOTA COUNTIES	
MN	COMMUNITY HEALTH CENTER	HMO/SPD	FUL	Y				RAMSEY COUNTY	766
MN	METROPOLITAN HEALTH PLAN	HMO/SPD	FUL		Y			LAKE COUNTY	163
MN	NWL HEALTH NETWORK	HMO/SPD	FUL	Y				HENNEPIN COUNTY	26773
MN	PHYSICIANS HEALTH PLAN	HMO/SPD	FUL	Y				RAMSEY COUNTY	4667
MN								HENNEPIN AND	43493
MN	U-CARE MINNESOTA (MAN)	HMO/SPD	FUL	Y				DAKOTA COUNTIES	
MN	UCARE (VOL.)	HMO/SPD	FUL	Y				HENNEPIN DAKOTA	10565
MN	CHEMICAL DEPENDENCY WAIV	PCCM	FFS	Y				RAMSEY	1620
	Subsubtotal, MINNESOTA (12 Programs)						Y		2060
									97403
STATE:	OHIO								
OH	CHOICE CARE	HMO/SPD	FUL		Y			HAMILTON COUNTY	5737
OH	DAYMED HEALTH PLAN	HMO/SPD	FUL		Y			MONTGOMERY,	15484
								GREEN, BUTLER	
OH	FAMILY HEALTH PLAN	HMO/SPD	FUL		Y			LUCAS, WOOD	9412
OH	HEALTH PLAN NETWORK	HMO/SPD	FUL		Y			MONTGOMERY	25560
OH	HEALTH POWER OF CINC	HMO/SPD	FUL		Y			HAMILTON,	14344
								FRANKLIN	
OH	HEALTH POWER OF DAYTON	HMO/SPD	FUL		Y			MONTGOMERY	5182
OH	HMO HEALTH OHIO	HMO/SPD	FUL		Y			HAMILTON	4326
OH	PERSONAL PHYSICIANS CARE	HMO/SPD	FUL		Y			CUYAHOGA	12917
OH	PHYSICIANS HEALTH PLAN OH	HMO/SPD	FUL		Y			FRANKLIN,	39989
								CLARK, STARK,	
								PICKAWAY,	
								TRUMBULL,	
								MADISON	
OH	TOLEDO HEALTH PLAN	HMO/SPD	FUL		Y			LUCAS	3140
OH	TOTAL FAMILY CARE	HMO/SPD	FUL		Y			LUCAS	2086
OH	TOTAL HEALTH CARE	HMO/SPD	FUL		Y			CUYAHOGA	20479
	Subsubtotal, OHIO (12 Programs)								158656
STATE:	WISCONSIN								
WI	COMPARE HEALTH SERVICE	HMO/FQ	FUL		Y			MILWAUKEE	13289
WI	FAMILY HEALTH PLAN COOP	HMO/FQ	FUL		Y			MILWAUKEE	1223
WI	MAXI-CARE	HMO/FQ	FUL		Y			MILWAUKEE	11543
WI	WISCONSIN HEALTH ORGANIZ.	HMO/FQ	FUL		Y			MILWAUKEE	23703
WI	GROUP HEALTH COOPERATIVE	HMO/SPD	FUL		Y			DANE COUNTY	1221
WI	GROUP HEALTH EAU CLAIRE	HMO/SPD	FUL		Y			EAU CLAIRE	3114
								COUNTY	
WI	MANAGED HEALTH SERVICES	HMO/SPD	FUL		Y			MILWAUKEE	10439
WI	PRIMECARE	HMO/SPD	FUL		Y			MILWAUKEE	54952
WI	U-CARE	HMO/SPD	FUL		Y			DANE COUNTY	1117

TABLE 8-1

393

TABLE 8-1
MEDICAID MANAGED CARE ENROLLMENT REPORT
PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ELIGIBLE POPULATION			GEOGRAPHIC AREA		MEDICAID ENROLLEES AS OF 6/30/93
				ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	OTHER	STATEWIDE OTHER	
REGION 7									
STATE: IOWA									
IA	HERITAGE NAT'L HEALTHPLAN	HMO/SPD	FUL		Y			SCOTT COUNTY (DAVENPORT)	13006
IA	MEDIPASS	PCCM	FFS		Y			SEVEN COUNTIES	37643
	Subsuetotal, IOWA (2 Programs)								50649
STATE: KANSAS									
KS	PRIMARY CARE NETWORK	PCCM	FFS		Y			SEVEN URBAN COUNTIES OF THE STATE	60364
	Subsuetotal, KANSAS (1 Program)								60364
STATE: MISSOURI									
MO	PREVENTION PLUS	HMO/FQ	FUL		Y			KANSAS CITY, MO (JACKSON COUNTY)	8297
MO	TRUMAN MEDICAL CENTER	HMO/SPD	FUL		Y			KANSAS CITY MISSOURI AREA	14672
MO	JAC CO MANAGED HLTH PROG	PCCM	PAR		Y			JACKSON COUNTY (KANSAS CITY) AREA	8297
MO	SAMUEL W. RODGERS	PHP	FUL		Y			KANSAS CITY, MISSOURI (JACKSON COUNTY) SERVICE AREA	3502
MO	SWOPE PARKWAY	PHP	FUL		Y			KANSAS CITY, MO (JACKSON COUNTY) AREA	4918
	Subsuetotal, MISSOURI (5 Programs)								39686
	Subtotal, REGION 7 (8 Programs in 3 of 4 States)								150699
REGION 8									
STATE: COLORADO									
CO	ROCKY MOUNTAIN HMO	HMO/FQ	FUL		Y			MESA, DELTA, MONTROSE, RIO BLANCO, ARCHULETA,	9326

TABLE 8-1
MEDICAID MANAGED CARE ENROLLMENT REPORT
PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ELIGIBLE POPULATION			GEOGRAPHIC AREA		MEDICAID ENROLLEES AS OF 6/30/93
				ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	STATEWIDE	OTHER	
CO	PRIMARY CARE PHYS. PROG.	PCCM	FFS	Y			ALL ELIGIBLE PERSONS, EXCEPT THOSE RECEIVING FOSTER CARE AND RECIPIENTS WHO RECEIVE MEDICARE	MONTEZUMA, SAN JUAN, GARFIELD, MOFFAT, OURAY, DELORES, LA PLATA, AND SAN MIGUEL	119395
Subsbttotal, COLORADO (2 Programs)									
MT	PASSPORT TO HEALTH	PCCM	FFS	Y			CARBON, DAWSON, DEER LODGE, FLATHEAD, GALLATIN, HILL, LAKE, LEWIS AND CLARK, MISSOULA, RAVALLI, SILVER BOW, STILLWATER, AND YELLOWSTONE COUNTIES		13000
Subsbttotal, MONTANA (1 Program)									
SD	SOUTH DAKOTA PRIME	PCCM	FFS		Y		INCREMENTAL EXPANSION OF THE PROGRAM FOR THE FIRST TWO YEARS WILL INVOLVE BEADLE, BROOKINGS, BROWN, CODINGTON, DAVISION, HUGHES, AND YANKTON		1086

TABLE 8-1
MEDICAID MANAGED CARE ENROLLMENT REPORT
PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	OTHER	GEOGRAPHIC AREA	MEDICAID ENROLLEES AS OF 6/30/93
								STATEWIDE OTHER	
Subsubtotal, SOUTH DAKOTA (1 Program)									
STATE: UTAH									1086
UT	FHP OF UTAH, INC	HMO/FQ	FUL		Y	Y	MEDICALLY NEEDY AND POVERTY-RELATED CHILDREN AND PREGNANT WOMEN	BOX ELDER, DAVIS, MORGAN, SALT LAKE, UTAH, TOOOLE, AND WEBER SALT LAKE COUNTY	16000
UT	HEALTHWISE	HMO/FQ	FUL	Y					3400
UT	CHOICE OF HLTH CARE DELVRY	PCCM	FFS	Y				IN EFFECT FOR ALL BUT SEVEN COUNTIES	61000
UT	PREPAID MENTAL HLTH PLAN [^]	PHP	PAR	Y				BENEFICIARIES IN THE COUNTIES OF UTAH, SAN PETS, SEVIER, WAYNE, JUAB, MILLIARD, AND PIUTE ARE EXCLUDED FROM THE PLAN.	0 [^]
Subsubtotal, UTAH (4 Programs)									
Subtotal, REGION 8 (8 Programs in 4 of 6 States)									80400
									223207

REGION 9

STATE: ARIZONA									
AZ	AHCCS SELECT	PHP	FUL	Y				3 COUNTIES	23930
AZ	ARIZONA HEALTH CONCEPTS	PHP	FUL	Y				2 COUNTIES	15304
AZ	AZ PHYSICIANS IPA	PHP	FUL	Y				14 COUNTIES	129858
AZ	COMPREHENSIVE AHCCCS PLAN	PHP	FUL	Y				2 COUNTIES	5521
AZ	DOCTORS HEALTH PLAN	PHP	FUL	Y				1 COUNTY	2482
AZ	FAMILY HP OF NE AZ	PHP	FUL	Y				4 COUNTIES	5282
AZ	HEALTH CHOICE ARIZONA	PHP	FUL	Y				3 COUNTIES	17012
AZ	MARICOPA COUNTY HEALTH PL	PHP	FUL	Y				1 COUNTY	47790
AZ	MERCY CARE PLAN	PHP	FUL	Y				5 COUNTIES	76751
AZ	PHOENIX HEALTH PLAN	PHP	FUL	Y				2 COUNTIES	32457
AZ	PIMA HEALTH SYSTEM	PHP	FUL	Y				1 COUNTY	13456
AZ	REGIONAL AHCCCS PLAN	PHP	FUL	Y				2 COUNTIES	8950
AZ	SHS MEDICAL CARE SYSTEMS	PHP	FUL	Y				1 COUNTY	1964
AZ	ST.LUKE'S ADVANTAGE HP	PHP	FUL	Y				1 COUNTY	15024

TABLE 8-1
 MEDICAID MANAGED CARE ENROLLMENT REPORT
 PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	OTHER	GEOGRAPHIC AREA	MEDICAID ENROLLEES AS OF 6/30/93

Subsubtotal, ARIZONA (14 Programs)									

STATE: CALIFORNIA									
CA	HEALTH PLAN OF SAN MATEO	HIO	FUL	Y				SAN MATEO COUNTY	41216
CA	SANTA BARBARA HEALTH INIT	HIO	FUL	Y				SANTA BARBARA COUNTY	37490
CA	CIGNA HEALTHPLAN OF S CAL	HMO/FQ	FUL	Y				LOS ANGELES, ORANGE AND SAN BERNARDINO COUNTIES	112704
CA	COMMUNITY HEALTH PLAN/LA	HMO/FQ	FUL	Y				SHARE OF COSTS ALL MEDICAID ELIGIBLES EXCEPT MEDICALLY NEEDY SHARE OF COSTS	13438
CA	CONTRA COSTA HEALTH PLAN	HMO/FQ	FUL	Y				CONTRA COSTA COUNTY	10382
CA	FAMILY HEALTH PROG, INC.	HMO/FQ	FUL	Y				PORTIONS OF LOS ANGELES AND ORANGE COUNTIES	2485
CA	KAISER FOUNDATION HP NO.	HMO/FQ	FUL	Y				PORTIONS OF CONTRA, ALAMEDA, AND SAN FRANCISCO COUNTIES	11558
CA	KAISER FOUNDATION HP SO.	HMO/FQ	FUL	Y				LOS ANGELES, ORANGE, SAN BERNARDINO, SAN DIEGO, AND RIVERSIDE COUNTIES	44833
CA	WATTS HEALTH FOUNDATION	HMO/FQ	FUL	Y				PARTS OF LOS ANGELES AND ORANGE COUNTIES	59083
CA	AMERIMED	HMO/SPD	FUL	Y				PORTIONS OF LOS ANGELES COUNTY	58379
CA	COMMUNITY HEALTH GROUP	HMO/SPD	FUL	Y				SAN DIEGO	26204

									395781

TABLE 8-1

MEDICAID MANAGED CARE ENROLLMENT REPORT
PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ELIGIBLE POPULATION			GEOGRAPHIC AREA		MEDICAID ENROLLEES AS OF 6/30/93
				ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	OTHER	STATEWIDE OTHER	
CA	UNIVERSAL CARE	HMO/SPD	FUL	Y			EXCEPT MEDICALLY NEEDY SHARE OF COSTS ALL MEDICAID ELIGIBLE EXCEPT MEDICALLY NEEDY SHARE OF COST	COUNTY	33470
CA	CAL-CARE MEDICAL GROUP	PCCM	PAR	Y				PORTIONS OF LOS ANGELES COUNTY	1529
CA	CROWN CITY MEDICAL GROUP	PCCM	PAR	Y				PORTIONS OF LOS ANGELES COUNTY	2372
CA	MAJOR MEDICAL CARE	PCCM	PAR	Y				PORTIONS OF SAN DIEGO COUNTY	1022
CA	AFF. PHYS.SAN GAB. VALLEY	PHP	PAR		Y	Y		PORTIONS OF LOS ANGELES COUNTY	108
CA	ALPHA HEALTH SYSTEMS	PHP	PAR	Y			ALL MEDICAID ELIGIBLE EXCEPT MEDICALLY NEEDY SHARE OF COST	PORTIONS OF LOS ANGELES	2357
CA	ARROWEST PHYSICIANS	PHP	PAR		Y	Y		SAN BERNARDINO AND RIVERSIDE COUNTIES	3277
CA	CENTERS FOR ELD. INDEP.	PHP	PAR				55 AND OVER ALL MEDICAID ELIGIBLE EXCEPT MEDICALLY NEEDY SHARE OF COST	ALAMEDA COUNTY LOS ANGELES, ORANGE, RIVERSIDE, AND SAN BERNARDINO COUNTIES	71
CA	COHEN MEDICAL CORPORATION	PHP	PAR	Y				PORTIONS OF LOS ANGELES	60819
CA	COMMUN.AMB.CARE CENTER	PHP	PAR	Y			ALL MEDICAID ELIGIBLE EXCEPT MEDICALLY NEEDY SHARE OF COSTS ALL MEDICAID ELIGIBLE EXCEPT MEDICALLY NEEDY SHARE OF COST	PORTIONS OF LOS ANGELES	5545
CA	COMMUNITY PRIME CARE	PHP	PAR	Y				SAN DIEGO	7741
CA	DREW FAMILY HEALTH PLAN	PHP	PAR	Y				PORTIONS OF LOS ANGELES COUNTY	5000
CA	FAMILY MOSAIC	PHP	FUL				SHARE OF COST SEVERELY EMOTIONALLY DISTURBED CHILDREN ALL MEDICAID ELIGIBLE EXCEPT	SAN FRANCISCO COUNTY	8
CA	LAMC MULT-SPECIALITY	PHP	PAR	Y				LOS ANGELES	6611

TABLE 8-1
 MEDICAID MANAGED CARE ENROLLMENT REPORT
 PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ELIGIBLE POPULATION			OTHER	GEOGRAPHIC AREA		MEDICAID ENROLLEES AS OF 6/30/93
				ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED		STATEWIDE	OTHER	
CA	MOLINA MEDICAL CENTERS	PHP	PAR	Y			MEDICALLY NEEDY SHARE OF COSTS		PORTIONS OF LOS ANGELES,	57388
							ALL MEDICAID		RIVERSIDE, SAN	
							ELIGIBLE EXCEPT		BERNARDINO, AND	
							MEDICALLY NEEDY		ORANGE COUNTIES	
							SHARE OF COSTS			
CA	ON LOK	PHP	FUL				55 AND OVER		SAN FRANCISCO	347
CA	PANORAMA MEDICAL GROUP	PHP	PAR	Y			ALL MEDICAID		LOS ANGELES COUNTY	4362
							ELIGIBLE EXCEPT			
							MEDICALLY NEEDY			
							SHARE OF COSTS			
CA	PHYS PRIM CARE MED GROUP	PHP	PAR	Y			ALL MEDICAID		ALAMEDA COUNTY	6879
							ELIGIBLE EXCEPT			
							MEDICALLY NEEDY			
							SHARE OF COST			
CA	PRACTICARE MEDICAL GROUP	PHP	PAR	Y			ALL MEDICAID		PORTIONS OF LOS ANGELES COUNTY	9626
							ELIGIBLE EXCEPT			
							MEDICALLY NEEDY			
							SHARE OF COSTS			
CA	PRIMARY CARE MEDICAL GRP	PHP	PAR	Y			ALL MEDICAID		MADERA COUNTY	1411
							ELIGIBLE EXCEPT			
							MEDICALLY NEEDY			
							SHARE OF COST			
CA	PRO-CARE, INC.	PHP	PAR	Y			ALL MEDICAID		PORTIONS OF SAN DIEGO, LOS ANGELES,	42196
							ELIGIBLES EXCEPT		RIVERSIDE, SAN	
							MEDICALLY NEEDY		BERNARDINO AND	
							SHARE OF COST		ORANGE COUNTIES	
CA	SCAN HEALTH PLAN	PHP	FUL			Y	MEDICARE		LONG BEACH	361
							RECIPIENTS,			
							MIA, ENTRANTS			
							AND REFUGEES NO			
							SOC. 65+			
CA	SEQUOIA COMMUNITY HP	PHP	PAR	Y			ALL MEDICAID		CITY OF FRESNO	4001
							ELIGIBLE EXCEPT			
							MEDICALLY NEEDY			
							SHARE OF COST			
CA	SUTTER SENIOR CARE	PHP	PAR				MEDICAID		SACRAMENTO COUNTY	41
							ELIGIBLES 55			
							AND OVER			
CA	TRI-MED HEALTH PLAN	PHP	PAR	Y			ALL MEDICAID		PORTIONS OF LOS ANGELES COUNTY	5729
							ELIGIBLES EXCEPT			
							MEDICALLY NEEDY			

TABLE 8-1
MEDICAID MANAGED CARE ENROLLMENT REPORT
PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ELIGIBLE POPULATION			GEOGRAPHIC AREA		MEDICAID ENROLLEES AS OF 6/30/93
				ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	OTHER	STATEWIDE OTHER	
Subsubtotal, CALIFORNIA (36 Programs)									
STATE: HAWAII									680043
HI	KAISER FOUNDATION	HMO/FQ	FUL	Y				ISLANDS OF OAHU AND MAUI	3989
Subsubtotal, HAWAII (1 Program)									
STATE: NEVADA									3989
NV	UNIV. OF NV HP	PCCM	PAR	Y			AGED	CLARK, WASHO, CARSON, CHURCH AND HILL COUNTIES	10273
NV	COMM. HEALTH CTRS. OF S.NV	PHP	PAR	Y			AGED	CLARK COUNTY	1093
NV	NEVADA CARE	PHP	PAR	Y			AGED	CLARK COUNTY	1306
Subsubtotal, NEVADA (3 Programs)									
Subtotal, REGION 9 (54 Programs in 4 of 4 States)									
REGION 10									
STATE: OREGON									13494
OR	KAISER PERMANENTE	HMO/FQ	FUL	Y				MULTNOMAH, CLACKAMAS, WASHINGTON, MARION AND POLK COUNTIES	42
OR	KAISER-PERMANENTE SHMO	HMO/FQ	FUL				OLD AGE CATEGORICALLY ELIGIBLE BUT NOT ELIGIBLE FOR SOCIAL SECURITY DISABILITY		
OR	HEALTH MAINT. OF OREGON	HMO/SPD	FUL	Y				MULTNOMAH, WASHINGTON, AND YAMHILL COUNTIES	8250
								COLUMBIA, BENTON, CLACKAMAS, LINN, MARION, POLK, MULTNOMAH, WASHINGTON, ANS	

TABLE 8-1
 MEDICAID MANAGED CARE ENROLLMENT REPORT
 PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ELIGIBLE POPULATION			GEOGRAPHIC AREA		MEDICAID ENROLLEES AS OF 6/30/93
				ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	STATEWIDE	OTHER	
OR	CAPITAL DENTAL CARE LINCO	PHP	PAR		Y		YAMHILL COUNTIES LINCOLN, MARION, AND POLK COUNTIES		229
OR	CAPITAL HEALTH CARE	PHP	PAR		Y		MARION, POLK, JOSEPHINE, KROOK, DESHUTES, JEFFERSON, AND HARNEY COUNTIES		13684
OR	CAPITOL HEALTH CARE	PHP	/FUL		Y		LINN, BENTON, AND YAMHILL COUNTIES		6545
OR	CLACKAMAS COUNTY PLO	PHP	PAR		Y		CLACKAMAS COUNTY		230
OR	CORVALIS CLINIC	PHP	FUL		Y		LINN AND BENTON COUNTIES		1716
OR	EUGENE CLINIC PCO	PHP	FUL		Y		LANE COUNTY		2664
OR	EVERGREEN	PHP	FUL		Y		MULTNOMAH, CLACKAMAS AND WASHINGTON COUNTIES		1651
OR	FAMILY CARE	PHP	FUL		Y		MULTNOMAH, CLACKAMAS AND WASHINGTON COUNTIES		939
OR	FAMILY CARE JACKSON/JOSEP	PHP	FUL		Y		JACKSON AND JOSEPHINE COUNTIES		1887
OR	FAMILY MEDICAL CENTER	PHP	FUL		Y		MULTNOMAH, CLACKAMAS AND WASHINGTON COUNTIES		1502
OR	GRANTS PASS CLINIC	PHP	FUL		Y		WASHINGTON COUNTIES		2179
OR	HEALTH PLUS PLAN	PHP	FUL		Y		JACKSON COUNTY MULTNOMAH, CLACKAMAS AND WASHINGTON COUNTIES		753
OR	LA CLINICA	PHP	PAR		Y		JACKSON COUNTY		227
OR	LIPA(LANE IPA)	PHP	FUL		Y		LANE COUNTY		7735
OR	MEDFORD CLINIC PCO	PHP	FUL		Y		JACKSON COUNTY		2522
OR	MULTICARE PCO	PHP	FUL		Y		MULTNOMAH COUNTY		1253
OR	OHSU	PHP	FUL		Y		MULTNOMAH, CLACKAMAS AND		3226

TABLE 8-1
 MEDICAID MANAGED CARE ENROLLMENT REPORT
 PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ELIGIBLE POPULATION		OTHER	GEOGRAPHIC AREA	MEDICAID ENROLLEES AS OF 6/30/93
				ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	STATEWIDE OTHER	
OR	PACC	PHP	FUL	Y			WASHINGTON COUNTIES MULTNOMAH, CLACKAMAS, AND WASHINGTON COUNTIES	2285
OR	PRIME CARE	PHP	FUL	Y	Y		JACKSON COUNTY	3085
OR	PROVIDENCE ELDERPLACE	PHP	FUL				MULTNOMAH AND WASHINGTON COUNTIES	153
OR	VENTURA PARK	PHP	PAR		Y		CLACKAMAS AND WASHINGTON COUNTIES	729
OR	VIRGINIA GARCIA PCO	PHP	FFS		Y		MULTNOMAH, CLACKAMAS, AND WASHINGTON COUNTIES	5050
OR	WILLAMETTE DENTAL	PHP	PAR		Y		MULTNOMAH, CLACKAMAS, AND WASHINGTON COUNTIES	1165
Subsbttotal, OREGON (26 Programs)								
STATE:	WASHINGTON							
WA	KITSAP PHYSICIANS SERVICE	HIO	FUL	Y			CATEGORICALLY NEEDY MEDICAL ASSISTANCE PROGRAMS AND THE EQUIVALENT FAMILY INDEPENDENCE PROGRAM CATEGORIES.	9812
WA	GP HTH COOP OF PUGET SND	HMO/FQ	FUL	Y			SNOWMISH, KING, PIERCE AND THURSTON COUNTIES	2214

TABLE 8-1
 MEDICAID MANAGED CARE ENROLLMENT REPORT
 PROGRAM SUMMARY AS OF JUNE 30, 1993

STATE	NAME OF PROGRAM	PROGRAM TYPE	REIMBURSEMENT ARRANGEMENT	ALL MEDICAID	AFDC AND RELATED	SSI AND RELATED	OTHER	GEOGRAPHIC AREA	MEDICAID ENROLLEES AS OF 6/30/93
WA	GROUP HEALTH NORTHWEST	HMO/FQ	FUL	Y	Y		RYTHER CHILD CENTER OR IF THEY ARE PLACED WITH A HMO ENROLLEE. CATEGORICALLY NEEDY MEDICAL ASSISTANCE PROGRAMS AND THE EQUIVALENT FAMILY INDEPENDENCE PROGRAM CATEGORIES. AFDC-EMPLOYABLE CLIENTS ARE ELIGIBLE TO ENROLL IN THE HMO ON A VOLUNTARY BASIS ONLY.	SPOKANE COUNTY	3708
WA	KAISER HEALTH PLAN OF NW	HMO/FQ	FUL	Y	Y		CATEGORICALLY NEEDY MEDICAL ASSISTANCE PROGRAMS AND THE EQUIVALENT FAMILY INDEPENDENCE PROGRAM CATEGORIES.	CLARK AND COWLITZ COUNTIES	1095
WA	HEALTH MAINT OF OREGON	HMO/SPD	FUL	Y	Y		CATEGORICALLY NEEDY MEDICAL ASSISTANCE PROGRAMS AND THE EQUIVALENT FAMILY INDEPENDENCE PROGRAM CATEGORIES.	CLARK COUNTY	433
WA	MEDICAL SERVICE CORP-SPOK	HMO/SPD	FUL	Y	Y		CATEGORICALLY NEEDY MEDICAL ASSISTANCE PROGRAMS AND THE EQUIVALENT FAMILY INDEPENDENCE PROGRAM CATEGORIES.	SPOKANE COUNTY	17105

TABLE 8-1
MEDICAID MANAGED CARE ENROLLMENT REPORT
PROGRAM SUMMARY AS OF JUNE 30, 1993

[illegible]

NATIONAL SUMMARY OF MEDICAID MANAGED CARE PROGRAMS AND ENROLLMENT

<u>PROGRAM TYPE</u>	<u>PROGRAMS</u>	<u>ENROLLEES</u>
HEALTH INSURING ORGANIZATION	5	163,070
HEALTH MAINTENANCE ORGANIZATIONS	139	1,967,859
PREPAID HEALTH PLANS	83	1,179,866
PRIMARY CARE CASE MANAGEMENT	34	1,498,156
TOTALS, as of 6/30/93	261	4,808,951

This information is from the
MEDICAID MANAGED CARE ENROLLMENT REPORT
Summary Statistics as of June 30, 1993
HHS/HCPA Managed Care Office

Section 9: The Territories (narrative only)

Puerto Rico	407
Virgin Islands	411
American Samoa	413
Guam	415
Commonwealth of the Northern Mariana Islands	418



OVERVIEW OF MEDICAID IN PUERTO RICO

ADMINISTRATION

The single State agency in Puerto Rico is the Department of Health. It is also the agency that sets standards for medical and other care. The Medicaid operating unit is the Office of Economic Assistance to the Medically Indigent. Until 1994 there was no freedom of choice in Puerto Rico; all services were furnished through public facilities. The health care program has been in transition since January 1994 when Puerto Rico began implementing its health care reform program.

HEALTH CARE REFORM

In September 1993, Law 72 of Puerto Rico was enacted. It established the Puerto Rico Health Insurance Administration which is responsible for developing a managed care program that will eventually be available to all residents.

Law 72 will eventually remove Puerto Rico's Department of Health from the health care service delivery system. This means divesting all the public facilities which have been caring for almost 80 percent of Puerto Rico's population, including all Medicaid recipients. Contracts will be made with insurers to arrange for care on a capitation basis. The program calls for incremental implementation on a regional basis.

Under Puerto Rico's health care reform program, managed care entities will offer a greater scope of services than are presently available under Medicaid. For example, comprehensive child health services, dental care, and organ transplants will be available. Historically, the federally mandated ceiling prevented Puerto Rico from furnishing a fuller service package. Within 5 years, the reform legislation requires that enrollees have a choice of two or more insurers within each region and have a choice of providers within individual plans. Enrollment will be open to all residents. The managed care program will begin with pilot projects, and the existing Medicaid program will be phased out over the implementation period.

The first pilot project is in the Fajardo region where there are about 47,000 Medicaid recipients and also a number of low income persons for whom Puerto Rico furnishes medical care. Puerto Rico published a Request for Proposal and the successful bidder was La Cruz Azul de Puerto Rico (Blue Cross of Puerto Rico) which operates a commercial HMO with over 100,000 members. HCFA approved the contract on December 16, 1993, and the project began on January 1, 1994. This is the first Medicaid Managed Care contract in the Territories. In about 5 years, all of the Medicaid recipients should be enrolled in the plan of their choice.

ELIGIBILITY

In December 1993, there were about 975,000 Medicaid eligibles in Puerto Rico.

The Medicaid program extends covered services to both the categorically and medically needy. There is no SSI, rather the former mainland classifications of Old Age Assistance, Aid to the Blind, Aid to the Permanently and Totally Disabled, etc. exist. There is an AFDC program. It is also exempt from Medicaid requirements linking medically needy income levels to categorically needy income levels, which provide cash AFDC payments. In the States the income level must be capped at 133 percent of the categorically needy income level. The medically needy income level for a family of four is presently \$8220 per year and the resource level for the same family is \$900. The yearly categorically needy standard for a family of four is \$1536.

In 1986, Federal legislation permitted relating Medicaid eligibility to the poverty level rather than to cash programs. Puerto Rico has opted not to include poverty level groups.

COVERED SERVICES

According to its current State plan, all services are limited to those provided by the public sector in accordance with Federal law. The description of services in this publication reflects the Medicaid program that will operate until the implementation of Puerto Rico's health care reform is complete (5 years).

There is an SPA under review that will allow for State-defined HMOs (the managed care programs which are integral to health care reform in Puerto Rico). The scope of services within these contracts will be broader than under the existing Medicaid program.

Currently, the following services are not provided through the Medicaid program: nursing facility, EPSDT, nursing facility services for patients under 21 years of age, podiatrist, optometrist, chiropractor, physical therapy, occupational therapy, speech pathology, audiology services provided by a home health agency or medical rehabilitation facility, private duty nursing, dentures, prosthetic devices, eyeglasses, intermediate care services for the mentally retarded and developmentally disabled, inpatient psychiatric services for individuals under 21 years of age, nurse midwife, hospice care, case management, Christian Science nurses, Christian Science sanatoria, personal care, respiratory care, and organ transplants.

Although the Medicaid program does not furnish the above treatment services to its eligible children, the services are generally available through other programs and sources. These include the title V program, education programs including Head Start, and private donations. The only limit placed on services is that they be provided through a public facility.

All services are furnished through the public system (e.g., pharmaceuticals are only available through a government hospital or clinic). The following services are furnished under the coverage category of hospital (inpatient or outpatient) and clinic: inpatient hospital, outpatient hospital, rural health clinic, other laboratory and x-ray, family planning, physician and dentist, home health (nursing, home health aide, medical supplies), clinic, dental, physical therapy, occupational therapy, audiology, speech pathology, pharmacy, diagnostic, screening, preventive, rehabilitative, transportation, and emergency hospital.

FUNDING FOR THE MEDICAID PROGRAM

In 1965, title XIX Federal matching for Puerto Rico was open-ended, as it was in the States, and Puerto Rico's FMAP was set at 55 percent. This was nearly the same as the FMAP applied to the highest per capita income States.

In 1967, Congress reduced the FMAP to 50 percent and imposed a Federal fiscal ceiling by limiting Federal payments to \$20 million. To ease the financial strain created by the ceiling, Congress exempted Puerto Rico from the freedom of choice requirement (1902(A)(23) of the Act). This restricted recipients to services furnished by facilities operated by the Public Health Department, which is also the Medicaid agency. Puerto Rico was also exempted from requirements linking medically needy income levels to the AFDC program. This latter exemption permitted great expansion of the medically needy rolls.

Since that time the ceiling, but not the matching percentage, has been raised as follows:

1972 - \$30.0 M	1988 - \$73.4 M	1993 - \$79.0 M
1981 - \$45.0 M	1989 - \$76.2 M	1994 - \$116.5 M
1986 - \$63.4 M	1990 - \$79.0 M	

In recent years, Puerto Rico has moved to have the ceiling increased. The 1993 ceiling of \$79 million is a \$59 million increase in 25 years. In 1993, when Congress raised the ceiling for FY 1994, it enacted a formula to adjust the ceiling in future years based on the percentage change in the medical care component of the consumer price index for the preceding year ending in March (see OBRA-93, Public Law 103-66, subsection 13641).

Medicaid costs for Puerto Rico are:

<u>FISCAL YEAR</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994*</u>
GROSS EXPENDITURES	439.3 M	536.5 M	559.0 M	644.5 M
FEDERAL CEILING	79.0 M	79.0 M	79.0 M	116.5 M
FEDERAL MATCHING %	50	50	50	50
FEDERAL % OF TOTAL	18	15	14	18

NOTES: * Estimated

Source: PR Health Insurance Administration, 12/93

Although the FMAP has remained 50 percent, the actual matching percentages have declined over the years. Since about 60 percent of the population is under the Federal poverty level, the FMAP would be about 80 percent if Puerto Rico was funded in the same manner as the States. Despite the relatively stable ceiling and FMAP rate, Puerto Rico has continuously increased its funding for the Medicaid population.

NON-INSTITUTIONAL REIMBURSEMENT

Outpatient Hospital: Medicare principles based upon reasonable costs.

Rural Health Clinics, Federally Qualified Health Care Centers and Freestanding Clinics: Medicare principles.

Laboratory and X-ray: All inclusive hospital or clinic rate.

Home Health: No FFP for service.

Family Planning: No FFP for service.

Physician, Dentist, Other Practitioners: All inclusive hospital or clinic rate.

Physical Therapy, Occupational Therapy, Speech Pathology: All inclusive hospital or clinic rate.

Prosthetic Services and Dentures: No FFP for service.

Pharmacy: All inclusive hospital or clinic rate.

INSTITUTIONAL REIMBURSEMENT

Inpatient Acute Care Hospitals are the only institutional services available in Puerto Rico. There is an all inclusive simple prospective per diem reimbursement rate using Medicare audited cost reports as the base for Medicaid rates. The base year is 1985 and subsequent year Medicaid rates have been the individual hospital's annual Medicare rate.

OVERVIEW OF MEDICAID IN THE VIRGIN ISLANDS

ADMINISTRATION

The single State agency in the Virgin Islands is the Department of Health. It is also the agency that sets standards for medical and other care. The Medicaid operating unit is the Bureau of Health Insurance and Medical Assistance. There is no freedom of choice in the Virgin Islands; all services are furnished through public facilities unless prior authorized (1902(A)(23) of the Act).

ELIGIBILITY

The Medicaid program extends covered services to both the categorically and medically needy. There is no SSI; the former mainland classifications of Old Age Assistance, Aid to the Blind, Aid to the Permanently and Totally Disabled, etc. exist. There is an AFDC program. The Virgin Islands has not opted to cover poverty level groups. The Virgin Islands is also exempt from Medicaid requirements linking medically needy income levels to the categorically needy income levels, which provide cash AFDC payments. In the States, the income level must be capped at 133 percent of the categorically needy income level. The FY 1993 medically needy income level for a family of four is \$8500 per year and the resource level for the same family is \$1800. The yearly categorically needy standard for a family of four is \$3156.

In 1993, there were 14,813 eligible persons, 4,645 categorically needy and 10,168 medically needy.

COVERED SERVICES

All mandated services are provided as well as pharmacy, clinic, dental, therapy services, medical supplies and equipment. The first certified nursing facility was opened in August of 1993. There are two hospitals; the St. Croix Hospital was decertified from the Medicare program in 1989 and can only claim FFP for emergency Medicaid services. Medicaid patients requiring services not available within the Islands are sent to Puerto Rico or the mainland for care. In recent years, a lack of funds has limited services. See FUNDING below.

FUNDING FOR THE MEDICAID PROGRAM

Medicaid has operated under a Federal fiscal ceiling since 1967. The FY 1993 ceiling was \$2.6 million and the FMAP was 50 percent. The FY 1994 ceiling is \$3,837,500. In 1993, when Congress raised the ceiling for FY 1994, it enacted a formula to adjust the ceiling in future years based on the percentage change in the medical care component of the consumer price index for the preceding year ending in March (see OBRA-93, Public Law 103-66, subsection 13641).

The Virgin Islands' costs for Medicaid recipients exceed the matched ceiling. However, in the past the Virgin Islands has had difficulty documenting expenditures to earn the Federal ceiling. Lack of timeliness in provider accounting and billing systems was one of the primary causes. The issue was resolved in 1992 because rates for services, particularly hospital and home health agency were increased in October 1991.

By April 1993, the Virgin Islands had drawn down its total title XIX funding of \$2.6 million for 1993. In July 1993, the Medicaid program was \$2 million in debt and requested additional funds from the Territorial Office of Management and Budget. In order to limit the deficit, the program placed restrictions on services, it no longer paid for off-island care or "special" services. These were optional services: dental, medical equipment and supplies, eyeglasses, hearing aids, and transportation. These services were "suspended" until February 1994. Clinic and pharmacy remained as the only optional services during the fiscal emergency.

The nursing facility, opened in late 1993, is garnering about one-third of the Medicaid funds. At present, funding appears to be sufficient to cover services. However, another shortfall is possible later this year.

NON-INSTITUTIONAL REIMBURSEMENT

Outpatient Hospital: Fee schedule approved by legislature.

Clinics: Medicare principles.

Laboratory and x-ray: Fee schedule approved by legislature based upon customary, prevailing, or negotiated rates.

Home Health: Fee schedule approved by legislature.

Family Planning: Fee schedule approved by the Commissioner of Health.

Physician, Dentist, Other Practitioners: Not to exceed Medicare charges and uses "usual, customary, and prevailing" as the upper limit.

Physical Therapy, Occupational Therapy, Speech Pathology: Fee schedule.

Prosthetic Services and Dentures: Reimbursement based upon customary rates.

Pharmacy: Most drugs are dispensed through health department facilities, and the cost is included in the inpatient or outpatient hospital or clinic rate. If dispensed by a private pharmacist, the cost is defined as the "actual cost of the drug product to the pharmacist" plus a dispensing fee.

INSTITUTIONAL REIMBURSEMENT

Inpatient Acute Care Hospitals are the only institutional services available in the Virgin Islands. The Virgin Islands has adopted title XVIII standards, cost reporting period and principles applicable to Medicare participating hospitals.

Nursing Facility Services: The Virgin Islands has adopted title XVIII standards, cost reporting period and principles applicable to Medicare participating nursing facilities. The State plan amendment has not yet been approved.

OVERVIEW OF MEDICAID IN AMERICAN SAMOA

ADMINISTRATION

The single State agency in American Samoa is the Department of Health. Within the single State agency there is no designation of a specific medical assistance unit. The survey agency utilized by Samoa is currently the Hospital and Medical Facilities Branch of Hawaii's Department of Health. The one hospital on American Samoa certified for Medicare and Medicaid is not licensed because there is no facility licensing authority in Samoa.

Medicaid is administered in American Samoa under a very broad waiver. There are only three restrictions on its Medicaid program: it cannot exceed the fiscal ceiling which Congress establishes for it; it cannot claim more than 50 percent for its FMAP; and it cannot change the definitions of its Medicaid services from those listed under 1905(a)(1) through (21) of the Act.

ELIGIBILITY

American Samoa has neither AFDC nor SSI, and the Medicaid program is based on a system of presumptive eligibility. Each year the percentage of the population which will fall below the poverty level is estimated and, after approval of the estimate, HCFA pays a capitated amount for Medicaid based on that percentage.

In 1993, there were considered to be 29,359 Medicaid "eligibles," based on 58.6 percent of the population estimated by the U.S. Census Bureau to be below the poverty level. This is out of a total population of approximately 50,900. Individuals are not specifically identified as being Medicaid-eligible.

COVERED SERVICES

All mandated services except rural health clinics, EPSDT, and nurse-midwife services are provided; however, nursing facility services and home health are not provided on-island. Samoa does provide a number of optional services. Those provided both on-island and off-island include: clinic and dental services, physical therapy, prescribed drugs, dentures, prosthetic devices, eyeglasses, diagnostic, screening, preventive and rehabilitative services, and transportation. Optional services provided off-island only include other practitioner services and private duty nursing. Off-island services are generally provided in Hawaii, or occasionally on the mainland.

FUNDING FOR THE MEDICAID PROGRAM

American Samoa's Medicaid waiver, and its initial Medicaid program, became effective in October 1982. The FY 1994 Federal fiscal ceiling is \$2.14 million, and the FMAP is 50 percent. The most recent prior ceilings, always with a 50 percent FMAP, have been as follows:

1987 - \$1.15 M 1988 - \$1.33 M 1989 - \$1.39 M 1993 - \$1.45 M

In 1993, when Congress raised the ceiling for FY 1994, it enacted a formula to adjust the ceiling in future years based on the percentage change in the medical care component of the consumer price index for the preceding year ending in March (see OBRA-93, Public Law 103-66, subsection 13641).

REIMBURSEMENT

In American Samoa, all on-island health care is provided by the L.B.J. Tropical Center in Pago Pago. As noted above, patients requiring further care are sent, following prior approval, to Hawaii or the mainland.

Because HCFA makes Medicaid payments to Samoa on a capitated basis, there are no specific Medicaid cost reports. The per capita rate formula is based on total Health Department allowable costs divided by the American Samoa population (excluding tourists and undocumented aliens). Total costs are based on Medicare principles and audited by the Medicare fiscal intermediary.

OVERVIEW OF MEDICAID IN GUAM

ADMINISTRATION

The single State agency in Guam is the Department of Public Health and Social Services, which also makes all Medicaid eligibility determinations. The medical assistance unit within the single State agency is the Bureau of Health Care Financing. The survey agency utilized by Guam is currently the Hospital and Medical Facilities Branch of Hawaii's Department of Health. The one hospital and its distinct-part nursing facility certified on Guam for Medicare and Medicaid is not licensed because there is no facility licensing authority in Guam.

ELIGIBILITY

The Medicaid program claims FFP only for covered services to the categorically needy. The medically needy were included until October 1984, but now are covered with territorial funds only. There is no SSI; the former mainland classifications of Old Age Assistance, Aid to the Blind, Aid to the Permanently and Totally Disabled, etc. exist. There is an AFDC program. Neither poverty level groups nor QMBs are covered, but Guam has chosen to cover certain optional categorical groups, and does pay Medicare premiums (i.e., buy-in) for dually-entitled individuals.

In 1993, there were about 5,670 Federal Medicaid eligible persons, out of a total population (including the military) of approximately 130,000.

COVERED SERVICES

All mandated services, except rural health clinics and nurse-midwife services, are provided, as well as many optional services. These include the services of podiatrists, optometrists, clinics, and dentists, prescribed drugs, dentures, prosthetic devices, eyeglasses, extended services to pregnant women, transportation, emergency hospital services, and nursing facility services for those under 21. When these services are not available on Guam, but are medically necessary, off-island services including transportation are provided. Patients are generally sent to Hawaii, or occasionally to California.

FUNDING FOR THE MEDICAID PROGRAM

Guam's Medicaid program was implemented in January 1966. The FY 1994 Federal fiscal ceiling is \$3,685,000 and the FMAP is 50 percent.

The most recent prior ceilings, always with a 50 percent FMAP, have been as follows:

1987 - \$2.0 M	1988 - \$2.32 M	1989 - \$2.41 M	1993 - \$2.5 M
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Medicaid expenditures have generally been far above the Federal ceiling, and as a result of this, in October 1984 Guam dropped the medically needy from its federally approved Medicaid program. Guam has many individuals for whom all

health care is paid out of territorial funds, and it provides a number of services for which it could but does not request FFP. In 1992, its Medically Indigent program (territorial funds only) accounted for around \$12 million. Also in 1992, approximately \$2.5 million was spent for off-island care and transportation for both Medicaid and the Medically Indigent program.

In 1993, when Congress raised the ceiling for FY 1994, it enacted a formula to adjust the ceiling in future years based on the percentage change in the medical care component of the consumer price index for the preceding year ending in March (see OBRA-93, Public Law 103-66, subsection 13641).

NON-INSTITUTIONAL REIMBURSEMENT

Guam uses the reimbursement principles indicated below, but never to exceed the provider's usual and customary charge to the public, the billed charge, or the Medicare cost limits. An across-the-board increase of 60 percent over 1984 rates was implemented in 1991 over each of the following:

Ancillary Services by Guam Memorial Hospital Outpatient DEPT: Negotiated rates, not to exceed Medicare interim rates.

Clinics: A maximum allowable charge is established based on several factors, including the 1970 Hawaii Relative Value scale.

Laboratory and x-ray: Same as clinics.

Home Health Services: Negotiated rates not to exceed Medicare interim rates for the same service.

Physician, Dentist, Other Practitioners: Same as clinics.

Drugs: Generally, July 1991 drug formulary.

Eyeglasses: Single-vision glasses only not to exceed an amount specified in the State plan.

Hearing Aids: Fee for service charge.

Medical Supplies and Equipment: Fee for service charge.

INSTITUTIONAL REIMBURSEMENT

The only certified provider of inpatient hospital services on Guam is Guam Memorial Hospital. Reimbursement is on the basis of a fee schedule, which is revised annually through contract negotiations. Off-island care must be prior approved and is based on negotiated rates.

The only certified nursing facility on Guam is a distinct part of Guam Memorial Hospital. Medicaid reimbursement is based on a prospective rate, determined annually based on the prior year's Medicare rate and adjusted for numerous factors.

All off-island care, except emergency, must be prior approved and is based on negotiated rates.

OVERVIEW OF MEDICAID IN THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS (CNMI)

ADMINISTRATION

The single State agency in the CNMI is the Department of Public Health and Environmental Services. The medical assistance unit within the single State agency is the Division of Medicaid Services. The survey agency utilized by CNMI is currently the Hospital and Medical Facilities Branch of Hawaii's Department of Health. The one hospital on Saipan certified for Medicare and Medicaid is not licensed because there is no facility licensing authority in CNMI.

In 1979 CNMI first implemented a Medicaid program similar to those in the States. However, effective October 1989, CNMI began administering its Medicaid program under a waiver. There are only three restrictions on its Medicaid program: it cannot exceed the fiscal ceiling which Congress establishes; it cannot claim more than 50 percent for its FMAP; and it cannot change the definition of its Medicaid services from those listed under 1905(a)(1) through (21) of the Act.

ELIGIBILITY

CNMI does not have an AFDC program. However, it is the only U.S. Territory which does have SSI, and its entire Medicaid program is based on SSI requirements. All individuals receiving SSI cash payments are eligible for Medicaid simply by filing an application. All other individuals who meet the income and resource standards for SSI, with the standard exemptions and deductions, are also eligible. In addition, although CNMI does not have a medically needy program as such, anyone can spend down to become eligible for any month in which medical costs reduce income to the appropriate level. CNMI does pay Medicare premiums (i.e., buy-in) for dually-entitled individuals.

In 1993, there were about 1,775 Medicaid eligible persons, out of a population of approximately 40,000.

COVERED SERVICES

All mandated services, except rural health clinics and nurse-midwife services, are provided, as well as several optional services. These include: clinic and dental services, physical therapy, prescribed drugs, eyeglasses (single-vision only), and transportation. Within CNMI almost all health care, inpatient or outpatient, is provided by the Commonwealth Health Center on Saipan. Certain covered services, such as nursing facility and home health services are only available off-island. For medically necessary care which cannot be provided in CNMI, patients are sent to Guam, Hawaii, or occasionally the mainland--generally to California.

FUNDING FOR THE MEDICAID PROGRAM

Medicaid has operated under a Federal fiscal ceiling in CNMI since its inception in 1979. The FY 1994 ceiling is \$1,110,000 and the FMAP is 50 percent.

The most recent prior ceilings, always with a 50 percent FMAP, have been as follows:

1987 - \$550,000 1988 - \$636,000 1989 - \$693,350 1993 - 750,000

Medicaid expenditures have not exceeded the Federal ceiling.

In 1993, when Congress raised the ceiling for FY 1994, it enacted a formula to adjust the ceiling in future years based on the percentage change in the medical care component of the consumer price index for the preceding year ending in March (see OBRA-93, Public Law 103-66, subsection 13641).

REIMBURSEMENT

The Commonwealth Health Center on Saipan is the primary provider of all medical services, both inpatient and outpatient, throughout CNMI. All off-island care, except for emergency, must be prior approved.

INSTITUTIONAL REIMBURSEMENT

Payments for inpatient services are based on Medicare principles of cost reimbursement. The rates are applicable to all individuals, including those with third party coverage. For off-island care, Medicaid attempts to negotiate all-inclusive per diem rates.

NON-INSTITUTIONAL REIMBURSEMENT

Established rates for outpatient services at the Commonwealth Health Center are nominal compared to operational costs. They do not exceed combined payments the provider would get from the recipients and carriers or intermediaries, for comparable services under comparable circumstances, under Medicare. For off-island care, Medicaid attempts to negotiate contract rates.

1992 CATALOGUE OF STATE MEDICAID PROGRAM CHARACTERISTICS

National Governors' Association

TABLE OF CONTENTS

	<u>PAGE</u>
ACKNOWLEDGEMENTS	NGA-vi
INTRODUCTION	NGA-1
HOW TO USE THIS DOCUMENT	NGA-2
CATALOGUE GUIDE: A "Where to Find" Sampler	NGA-4
CHAPTER 1: 5-Year Overview of State Medicaid Program Trends ...	NGA-5
CHAPTER 2: State Medicaid Program Changes	NGA-15
ADMINISTRATION AND MANAGEMENT	NGA-17
Third Party Liability	
Fraud, Abuse, Auditing, and Recoveries	
Claims Processing	
ELIGIBILITY	NGA-18
Coverage of Optional Groups	
Income Levels	
Resources Standards/Rules	
Other Eligibility Changes	
SERVICES	NGA-20
General	
Acute Care	
Inpatient Hospital Care	
Outpatient Hospital Services	
Rural Health Clinic Services	
Other Clinic Services	
Physician Services	
Nurse Practitioner, Midwife, Physician Extender Services	
Optometrist Services	
Dentist Services	
Podiatrist Services	
Chiropractor Services	
Physical Therapy Services	
Occupational Therapy Services	
Speech, Hearing, and Language Therapy Services	
Audiologist Services	
Other Non-Physician Practitioner Services	
Psychologist Services	
Lab and X-ray Services	
Prescribed Drugs	

TABLE OF CONTENTS (cont.)

Acute Care Services (cont.)

- Family Planning Services
- EPSDT Services
- Other Diagnostic, Screening, and Preventive Services
- Rehabilitative Services
- Transportation Services
- Substance Abuse Services
- Eyeglasses
- Hearing Aids
- Dentures
- Prosthetic Devices
- Durable Medical Equipment and Supplies

Long-Term Care Services

- Nursing Facility Services
- ICF/MR Services
- Inpatient Psychiatric Services for Individuals Under 21
- Institutions for Mental Disease for Individuals 65 and Over
- Home Health Services
- Personal Care Services
- Case Management Services
- Hospice Services
- Other Community-Based Long Term Care Services

REIMBURSEMENT FOR

NON-INSTITUTIONAL SERVICES NGA-55

General

Acute Care

- Other Clinic Services
- Physician Services
- Nurse Practitioner, Midwife, Physician Extender Services
- Optometrist Services
- Dentist Services
- Podiatrist Services
- Chiropractor Services
- Physical Therapy Services
- Occupational Therapy Services
- Speech, Hearing and Language Therapy Services
- Psychologist Services
- Lab and X-Ray Services
- Prescribed Drugs
- Family Planning Services
- EPSDT Services
- Other Diagnostic, Screening and Preventive Services
- Rehabilitative Services
- Transportation Services
- Prosthetic Devices
- Durable Medical Equipment and Supplies

TABLE OF CONTENTS (cont.)

REIMBURSEMENT FOR NON-INSTITUTIONAL SERVICES (cont.)

- Long Term Care Services
- Home Health Services
- Personal Care Services
- Case Management Services
- Hospice Services
- Other Community-Based Long Term Care Services

REIMBURSEMENT FOR INSTITUTIONAL SERVICES . . . NGA-63

Acute Care

- Inpatient Hospital Care
- Outpatient Hospital Services
- Hospital Emergency Room Services

Long-Term Care Services

- Nursing Facility Services
- ICF/MR Services
- Inpatient Psychiatric Services for Individuals Under 21

ALTERNATIVE SERVICE DELIVERY/

PROGRAM MANAGEMENT NGA-67

- Acute Care
- Long-Term Care
- Other Approaches

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Most important, however, thanks are due to the State Medicaid Directors and their staffs for sharing information on their activities with us. We are hopeful that the program data compiled in this document will be of use to them in administering their programs and will provide some compensation for their efforts.

Any interpretation, views, or opinions expressed in this document are those of the authors and do not represent those of the Department of Health and Human Services.

INTRODUCTION

States have been faced with the challenge of developing policies to control the growth in their Medicaid program expenditures while striving to minimize any adverse impacts of such policies on the provision of health care to those in need. In order to make the best possible choices among alternatives, it is important that State officials have at their disposal information on potential policy approaches.

To address this critical information need, the National Governors' Association's (NGA) Center for Policy Research, through a contract awarded by the Health Care Financing Administration, has established the State Medicaid Information Center (SMIC). The purpose of the SMIC Project is to serve as a central source to collect and disseminate information concerning strategies adopted by individual State Medicaid programs.

This *Catalogue* is intended to serve as a reference document to summarize the States' key Medicaid policy activities during 1992. These data will permit State officials to readily access the experience of other States that have pursued specific policy initiatives and expand the range of potential policy alternatives available for consideration by a State.

Both primary and secondary sources of data on State cost containment activities have been consulted in the preparation of this data, and every effort has been made to verify all information directly with each State agency. In order to provide as full and complete a database as possible, information on State-initiated changes that expand the scope of their programs is presented in this document, as are some of the more significant proposed changes that have not, as yet, been implemented. Program modifications required of all States as the result of changes in Federal requirements have not been included.

The NGA's SMIC project receives Medicaid policy and program information from State Medicaid agencies on a continuous basis. Upon receipt of the information, NGA staff members code and input the information into the database and then send the information back to the States for verification.

The SMIC project recognizes, however, that some State Medicaid changes may have escaped the purview of the NGA and are therefore not identified. States must be mindful of this when reading the information presented in the following pages.

It is hoped that the information presented in this update will prove useful to State officials in their efforts to maintain access to needed health services for the nation's poor while controlling escalating Medicaid expenditures.

HOW TO USE THIS DOCUMENT

The first section of this chapter, entitled "Overview of State Medicaid Program Changes - 1992," contains a narrative on various State trends in selected Medicaid program areas. The program areas covered have been chosen because of the volume of State activity taking place in these areas.

The second section of the chapter presents data on individual State Medicaid program changes which were implemented or proposed during 1992. Abstracts describing these changes are included under one or more of the following five major sections of the *Catalogue*:

- I. Administration and Management
- II. Eligibility
- III. Services
- IV. Payment
- V. Alternative Service Delivery/Program Management

Under Section I, Services, abstracts are listed according to the particular service(s) a policy change affects. Under each service, abstracts are presented under one of the following subheadings, according to the nature of the policy changes.

- A. Amount, Duration, and Scope
- B. Utilization Controls
- C. Payment

A directory of the services in Section I as well as the subheadings for Section II are presented in the Table of Contents, which appears at the beginning of this document.

In order to explain the general format for all *Catalogue* abstracts, a sample abstract of a State program change is presented below.

The **STATE ID** is a two-character code which identifies the State in which the program change was implemented or proposed. A listing of these codes is presented at the end of this section.

The **STATUS CODE** indicates the latest reported status of a particular program change. The codes are:

- *A Change adopted or implemented by State
- *B Program change formally proposed by a State agency, pending a final decision
- *D Legislature adopted

The **DATE CODE** indicates the year and, when possible, the month in which a particular change first was implemented. For proposals, only the year is shown.

The **IMPACT CODE** indicates whether the change resulted or is expected to result in an increase (+) or decrease (-) in program expenditures.

The **DESCRIPTION** is a brief statement of the program change. When possible, the abstract also describes the policy prior to the program change.

Within each subsection, abstracts are listed alphabetically by State. Where there is more than one abstract for a given State, the listings are arranged in chronological order beginning with the most recent change.

STATE ID

STATUS CODE

DATE PROPOSED OR IMPLEMENTED

IMPACT CODE

DESCRIPTION OF CHANGE

WI	*A	7/83	(-)	Wisconsin began requiring second opinions for cataract extractions done in conjunction with intraocular lens implants.
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CATALOGUE GUIDE
A "Where-to-Find" Sampler

<u>Subject</u>	<u>Section</u>
Administrative Days (Administratively Necessary Days)	Amount, Duration, & Scope: Inpatient Hospital
Cost-Sharing	Utilization Controls: see specific service
Home and Community-Based Waivers	Alternative Service Delivery: Long-Term Care
Limitations on Service Coverage	Amount, Duration, & Scope: see specific service
Lock-In	Utilization Controls: see specific service
Medicare Crossover Claims	Administration & Management: Third Party Liability
Medicaid Management Information System	Administration & Management: Claims Processing
Poor Pregnant Women Coverage	Eligibility: Income Levels
Poor Pregnant Women Enhanced Services	Alternative Services Delivery: Other Approaches
Prior Authorization	Utilization Controls: see specific service
Qualified Medicare Beneficiaries	Eligibility: Income Levels
Reports, Client Status	Administration & Management: Reducing Eligibility Errors
Second Surgical Opinions	Utilization Control: Physician Services
Spousal Impoverishment (Community Spouse Resource Allowance)	Eligibility: Resource Standards/Rules
Volume Purchase of Goods & Services	Payment: see specific service

CHAPTER I

FIVE-YEAR OVERVIEW OF STATE MEDICAID PROGRAM TRENDS

Five-Year Overview of State Medicaid Program Trends

Figures 1 - 3 contain information on trends in States' Medicaid eligibility thresholds for the 5 years between 1988 and 1992. Since 1986 Congress has passed laws -- both through optional authority and mandates -- to expand Medicaid coverage for pregnant women and children. In 1986 Congress passed the Omnibus Budget Reconciliation Act allowing States to expand coverage up to the Federal poverty guideline to pregnant women and children younger than age 5. In 1987 States were given the option of covering pregnant women and infants up to 185 percent of poverty and of phasing in coverage of children up to age 8 living below poverty. States were mandated by the Medicare Catastrophic Coverage Act of 1988 (MCCA) to cover pregnant women and infants up to 100 percent of the Federal poverty guideline under a 2-year phase-in process. However, because States were so quick to adopt the previously granted optional expansions, only five States were affected by this mandate. The Omnibus Budget Reconciliation Act of 1989 superseded MCCA by requiring States, effective April 1, 1990, to begin covering pregnant women and children to age 6 up to 133 percent of the Federal poverty guideline. This mandate was further expanded in 1990 by legislation requiring States to phase in Medicaid coverage of children up to age 19 with family incomes under the Federal poverty guideline; the upper age limit will be reached by October 2001.

As seen in Figure 1, the impact of these changes over the last several years has been significant -- the average eligibility threshold for pregnant women and infants rose from 97 percent of the Federal poverty level in 1988 to 159 percent 5 years later in 1992. Prior to the enactment of OBRA-86, State eligibility standards for pregnant women and infants were driven by the income thresholds of their AFDC or medically needy programs, averaging 56 percent of the Federal poverty guideline in 1987. Within 2 years of the effective date of OBRA-86, the average coverage level for pregnant women and infants had nearly doubled: In January 1988 pregnant women and infants were covered on average at 96.7 percent of poverty. By January 1989, 6 months after the effective date of OBRA-87, the average State covered pregnant women and infants living at or below 127 percent of poverty. As shown in Figure 1, the average Medicaid eligibility threshold for this population has continued to rise as individual States have adopted broader expansions. By January 1992, the average eligibility threshold for all States and the District to Columbia was 159 percent of the Federal poverty level.

In contrast, income limits that drive Medicaid eligibility through the AFDC and medically needy programs have dropped in the 5 years between 1988-1992 as seen in Figures 2 and 3. As of January 1992, the average annualized AFDC threshold for a family of three for all States and the District of Columbia was 43.6 percent of the Federal poverty level. As indicated in Figure 2, the average AFDC threshold has declined by 5.2 percent from 48.8 percent of poverty in 1988 to 43.6 percent in 1992. Similarly, the average medically needy income eligibility threshold has declined in the 5 years between 1988 and 1992. Since 1988 when the average State coverage level was 60.6 percent of the Federal poverty level, the average State coverage level (for the 35 States that have had medically needy programs continuously since 1988) fell by 7.3 percent to 53.3 percent of poverty in 1992.

Figures 4, 5, and 6 present information on the growth in certain waiver programs and services offered through States' Medicaid programs during the 5 years between 1988 and 1992. Specifically, Figure 4 indicates a growth in the number of home and community-based services (HCBS) waivers for the targeted populations indicated.

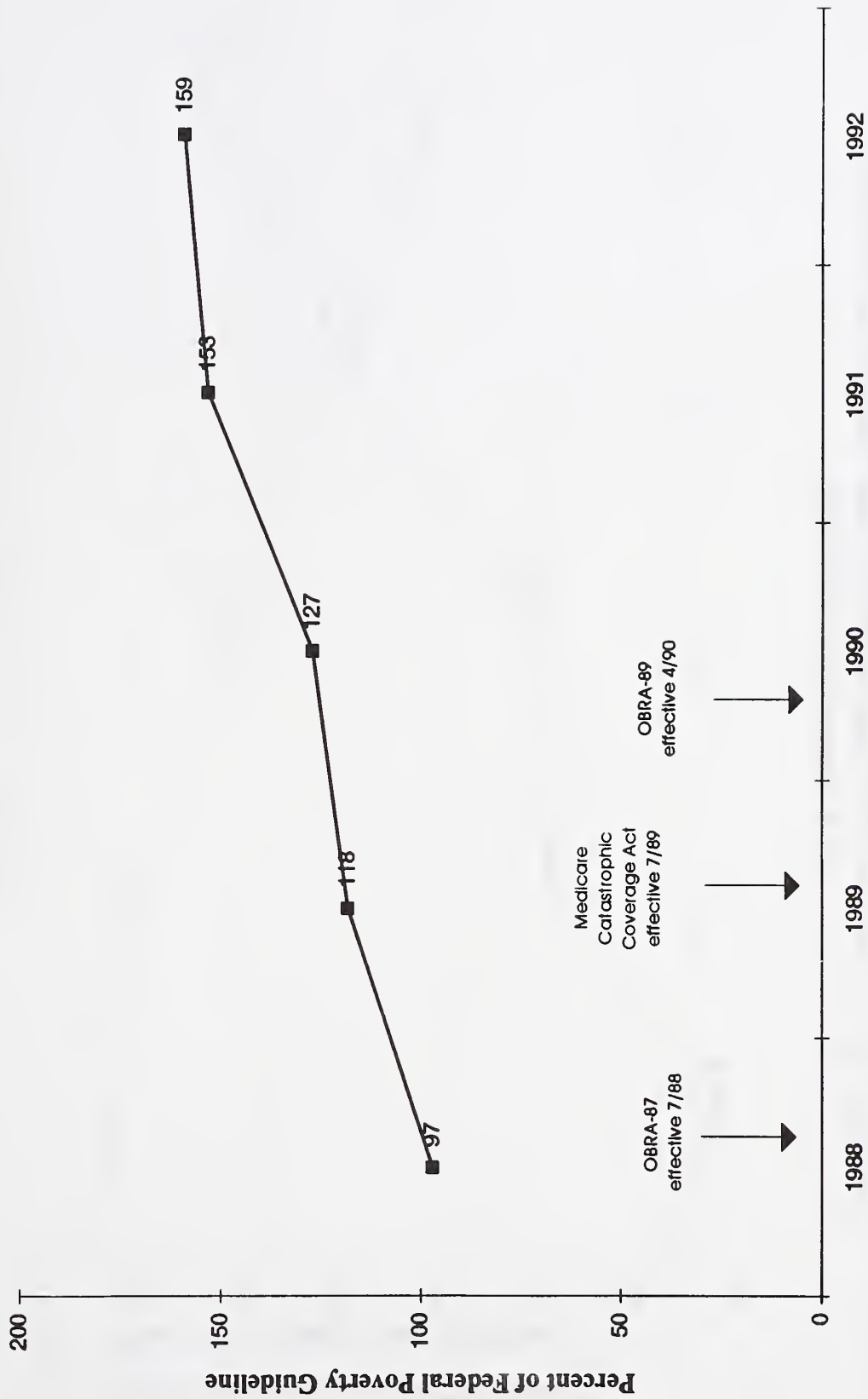
Between 1988 and 1992, the number of HCBS waivers for the aged and disabled grew from 50 to 57. A large increase is seen in the number of these programs operating for the mentally retarded/developmentally disabled population. In 5 years, the number of HCBS waivers for this population grew by 33, from 42 programs in 1988 to 75 programs in 1992. The number of HCBS waiver programs for the persons with Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Conditions (ARC) more than doubled in this same time frame -- from six programs in 1988 to 14 in 1992. A growth in the number of these programs for disabled children is also seen (from three in 1988 to seven in 1992).

Similarly, the number of model HCBS waiver programs also has risen (see Figure 5). Although the number of these types of waiver programs fell from 13 to 8 for disabled children between 1988 and 1990, the number of programs more than doubled between 1990 and 1992 (from 8 to 17). Model HCBS waiver programs for the other populations shown (i.e., mentally retarded/developmentally disabled, aged/disabled, and persons with AIDS or ARC) have risen steadily or remained stable between 1988 and 1992.

Figure 6 indicates an overall growth in the number of States that implemented optional targeted case management programs between 1988 and 1992. Much of this growth has been in the number of States offering case management services to pregnant women. In 1988, 13 States provided this service to Medicaid-eligible pregnant women; by 1992, 11 more States had picked up this option. Also indicated in Figure 5 is the relatively stable number of States providing case management as an optional service to persons with AIDS or ARC.

FIGURE 1

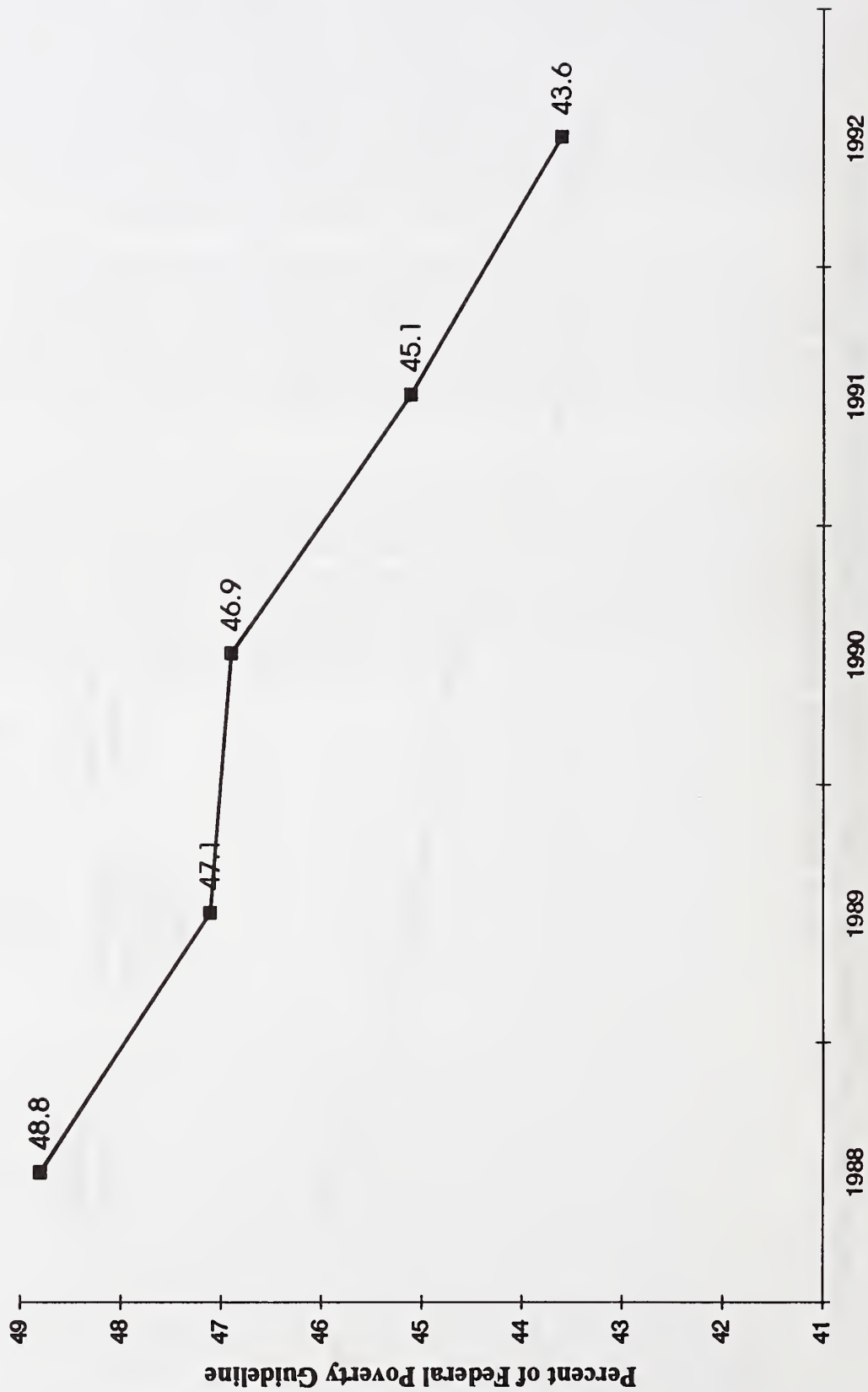
Average Medicaid Coverage Level for Pregnant Women and Infants, 1988-1992
As a Percentage of Poverty



SOURCE: National Governors' Association, 1993.
NOTE: Figures are for a family size of three.

FIGURE 2

Average Aid to Families With Dependent Children Thresholds, 1988-1992
As a Percentage of Poverty



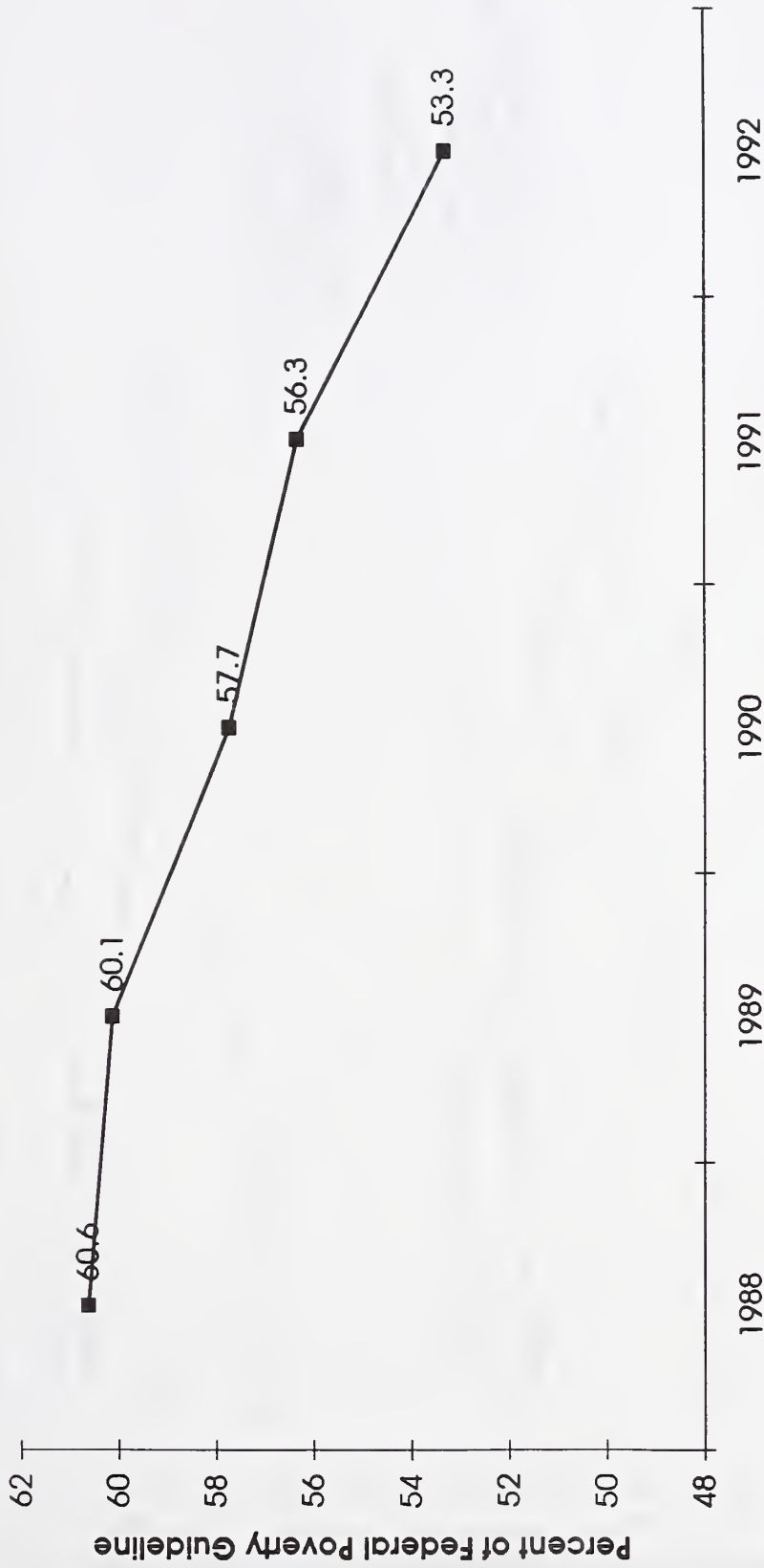
SOURCE: National Governors' Association, 1993.

NOTES: Figures are for a family size of three.

Threshold refers to that income limit that drives Medicaid eligibility.

FIGURE 3

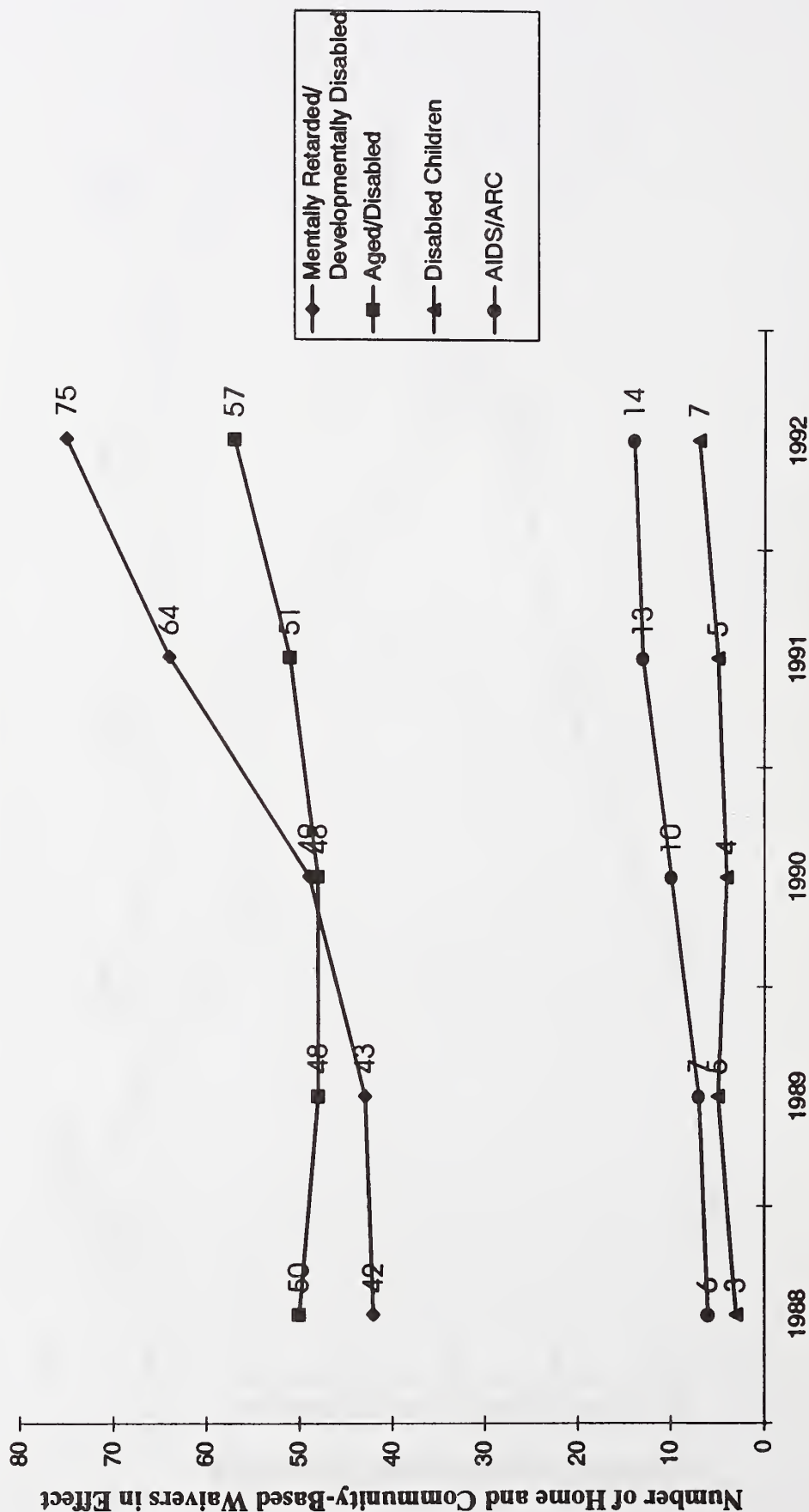
**Average Medically Needy Eligibility Thresholds, 1988-1992
As a Percentage of Poverty**



SOURCE: National Governors' Association, 1993.
NOTE: Figures are for a family size of three.

FIGURE 4

5-Year Trend in Home and Community-Based Waivers by Targeted Populations, 1988-1992

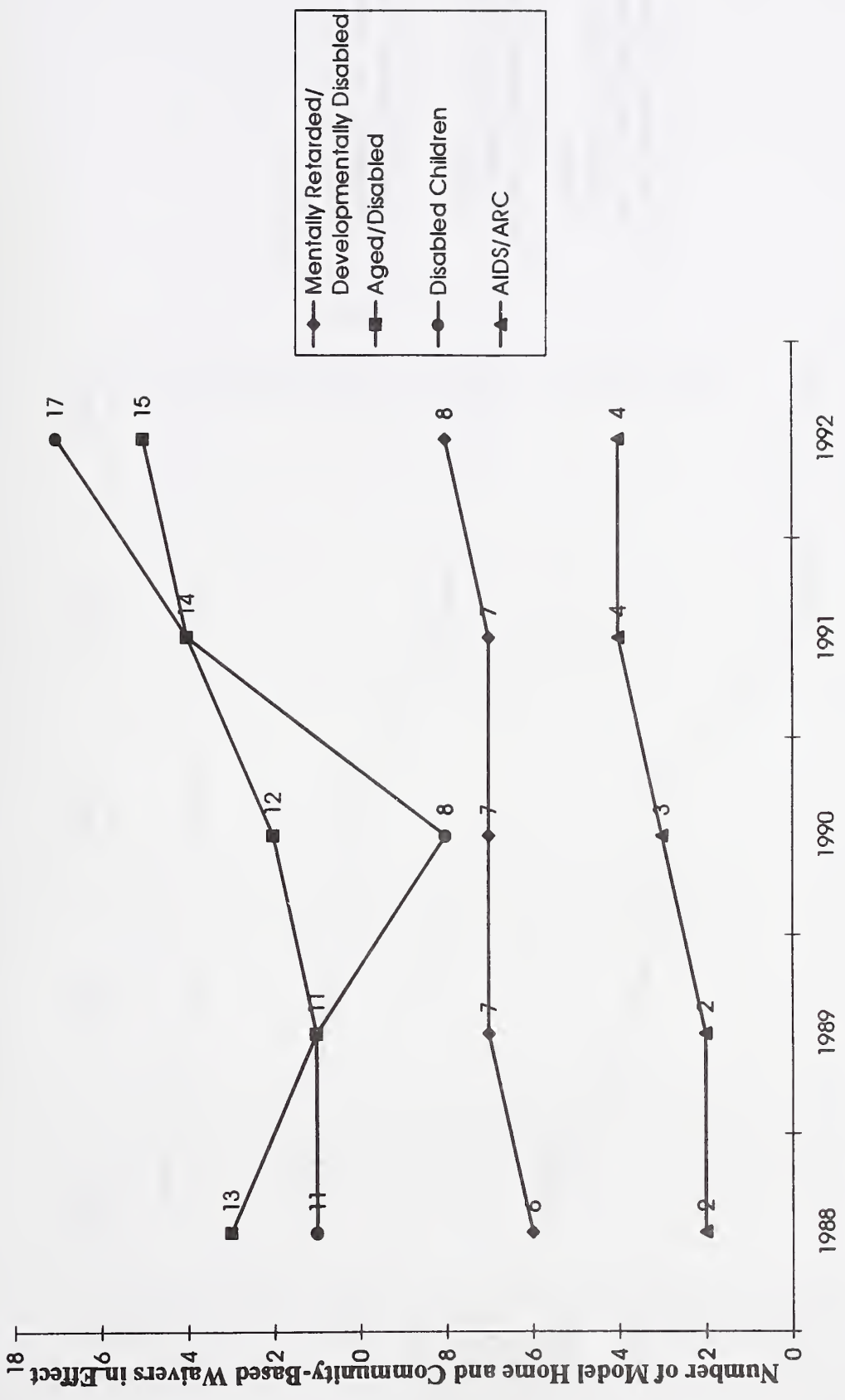


SOURCE: National Governors' Association, 1993.

NOTES: Covered services include case management, homemaker, home health aides, personal care, adult daycare, habilitation, respite care, transport, home modification, and nursing.

FIGURE 5

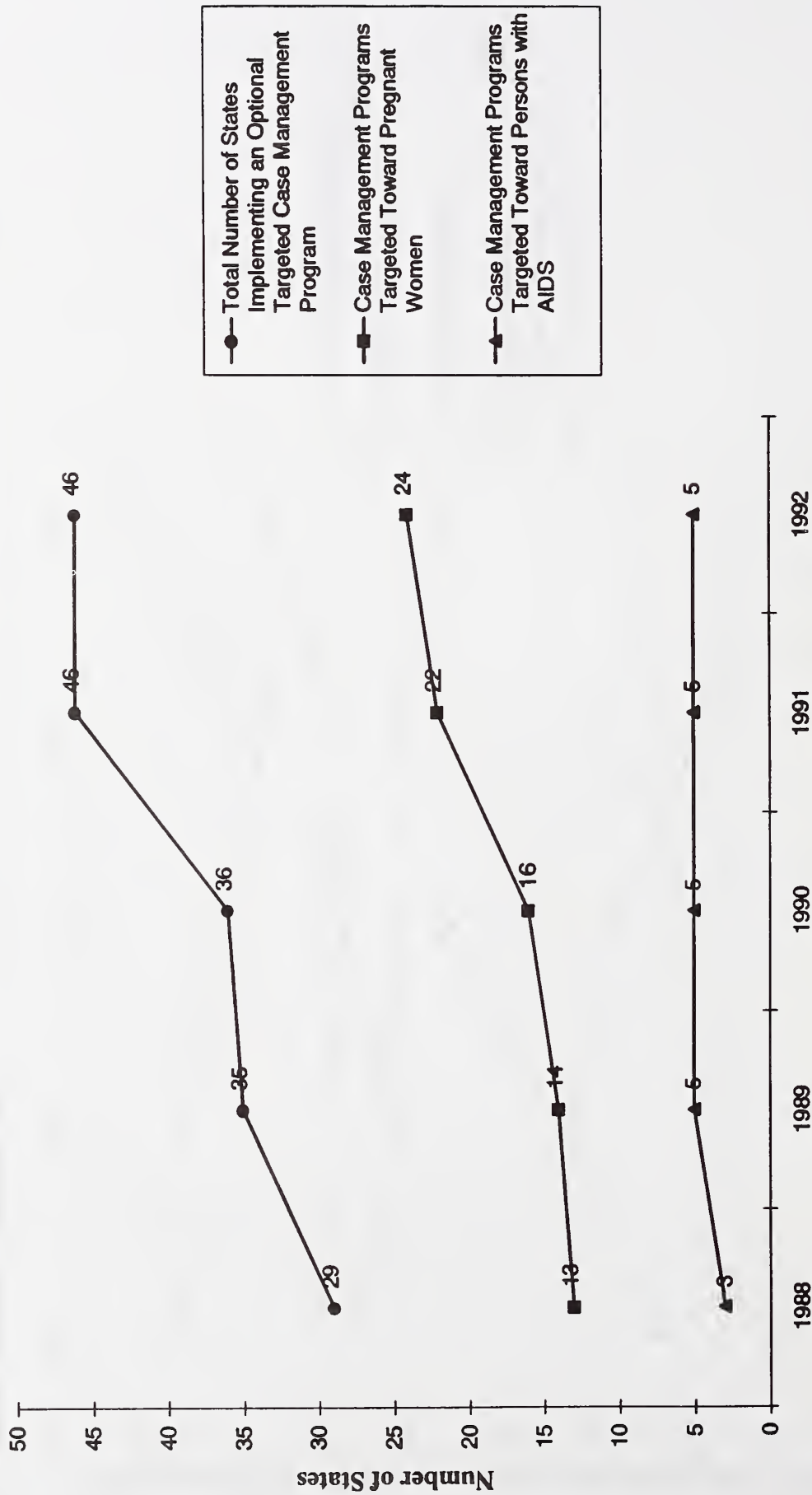
5-Year Trend in Model Home and Community-Based Waivers
by Targeted Populations, 1988-1992



SOURCE: National Governors' Association, 1993.
NOTE: Covered services include case management, homemaker, home health aides, personal care, adult daycare, habilitation, respite care, transport, home modifications, and nursing.

FIGURE 6

Number of States That Have Implemented Targeted Case Management Programs



SOURCE: National Governors' Association, 1993.

NOTE: Please note that this chart depicts the number of STATES that implement case management, not the number of case management programs.

CHAPTER 2
STATE MEDICAID PROGRAM CHANGES

ADMINISTRATION AND MANAGEMENT

OTHER ADMINISTRATIVE/MANAGEMENT APPROACHES

FL *A 07/92 (-) Florida consolidated health care financing, data collection, and regulatory functions into a single State agency, the Agency for Health Care Administration (AHCA). The Agency's mission is to ensure that all Floridians have access to affordable, quality health services.

ND *A 06/92 (-) North Dakota entered into an agreement with Blue Cross/Blue Shield to use Medtrac, their electronic claims system. Providers using Medtrac will be able to submit claims for Blue Cross/Blue Shield, Medicare, and Medicaid on one system. Blue Cross/Blue Shield then extracts the Medicaid claims from the Medtrac system and transmits them for inclusion in the weekly check run.

North Dakota also contracted with IBM to use their electronic mailbox for claims submission. The Department purchased and is furnishing the software, which enables a provider to transmit a computer file of claims to a mailbox, and an 800 number free of charge to the provider. The provider needs a computer and a Hayes compatible modem to access the system. Future plans for the system include the return of remittance advice to the provider.

ELIGIBILITY

COVERAGE OF OPTIONAL GROUPS

- NM *A 06/92 (+) New Mexico now provides full coverage for pregnant women, children who meet the age requirements, and pregnancy-only services for amnesty aliens who meet the income and resource limits for those categories of Medicaid coverage.
- NM *A 04/92 (-) New Mexico reduced from 12 months to 8 months coverage for refugees under the Refugee Medical Assistance Act.
- SC *A 10/92 (-) South Carolina eliminated its Medically Needy program due to budget constraints.

INCOME LEVELS

- AR *A 05/92 (-) Arkansas Medicaid revised eligibility criteria for pregnant women and infants under age 1 to decrease the income limit from 185 percent to 133 percent of the FPL.
- CA *D 07/92 (+) California now waives the assets test for pregnant women and infants who have been determined eligible for the State-only 200 Percent Program. In this program, pregnant women whose income falls between 185 and 200 percent of the FPL are eligible for pregnancy-related services only, provided all other eligibility criteria have been met. The infant, born to a Medi-Cal eligible woman, is deemed eligible up to 1 year of age. However, if alienage criteria are not met, then the infant shall be eligible for emergency services only.
- FL *A 05/92 (+) Florida expanded Medicaid eligibility to include pregnant women and children up to age 1 with family income up to 185 percent of the FPL.
- FL *A 02/92 (-) Florida reduced the eligibility standard for the Medically Needy program from 133.3 percent to 100 percent of the AFDC payment standard.
- FL *A 02/92 (-) Florida reduced the income standard used to determine Medicaid eligibility under the SSI eligibility criteria from 100 percent to 90 percent of the FPL.
- GA *A 01/92 (+) Georgia increased to \$1266/month the "cap" used to determine nursing facility eligibility.

VT *A 10/92 (+) Vermont expanded the Medicaid program to include pregnant women with income at or below 200 percent of poverty and children born after June 30, 1975, at or below 225 percent of poverty. These individuals were previously eligible for the Dr. Dynosaur program only if they lacked private insurance, but are now able to retain private insurance under the Medicaid program.

RESOURCE STANDARDS/RULES

AZ *A 07/92 () Arizona now requires certain applicants for 100 percent State-funded medical assistance programs who may be potentially eligible for categorical programs to first apply for categorical eligibility before being determined eligible for State-only programs.

IN *A 07/92 (+) Indiana's new policy concerning eligibility determinations for certain children approved for Home and Community-Based services requires that Medicaid eligibility be determined for these children without consideration of their parents' income and resources. These children will be identified by qualified case managers who will notify the county caseworker that a waiver application is being processed.

KY *A 03/92 (+) Kentucky's income scales have increased as a result of the revised poverty level guidelines.

LA *A 07/92 (+) Louisiana implemented a LTC vendor payment spenddown Medically Needy option for patients whose income exceeds the Federal CAP. Under this option, an individual is eligible for Medicaid vendor coverage when total monthly income, less the appropriate monthly MNIES, is below the Medicaid facility rate for the applicant's level of care. To qualify, applicants must meet all Medicaid LTC eligibility requirements except income. The full range of Medicaid covered services will be available to these individuals.

NM *A 04/92 (-) New Mexico no longer approves Medicaid applications for applicants who have an active Medicaid case in another State in the following categories: Supplemental Income, Medical Assistance for Women & Children, Medicaid Extension, Qualified Medicare Beneficiaries, Qualified Disabled Working Individuals, and Refugee Assistance.

VA *A 07/92 (+) Virginia now provides Medicaid coverage for children through age 12 whose income is below 100 percent of the poverty level.

SERVICES COVERED BY MEDICAID

GENERAL

Amount, Duration, and Scope

- AR *A 10/92 () Arkansas Medicaid implemented an Automated Eligibility Verification and Claims Submission (AEVCS) System. Recipients will be issued a magnetic card which, when scanned, will determine valid eligibility. Providers can bill Medicaid for services rendered. Medicaid will install the printer and scanning device at no charge to providers. Providers will be charged a \$0.17 fee per claim transaction and a \$0.10 eligibility check charge.

Utilization Controls

- CO *A 03/92 (-) Colorado now requires prior authorization for all extraordinary treatment or procedures, all nonemergency services, and all covered organ transplants and bone marrow transplants provided in out-of-State hospitals (this does not pertain to Colorado "border" hospitals).
- GA *A 10/92 (-) Georgia now requires prior authorization for septoplasty, arthroscopy, and cataract procedures.
- NC *A 09/92 (-) North Carolina increased copayments for selected services to the maximum allowed by Federal regulations. Exempt from copayment are children under the age of 21 (previously 18) and the following services: EPSDT, family planning, pregnancy-related, ICF/MR, nursing facility and mental hospital care, hospital emergency room, community alternatives program, enrollees in the Medicaid Kaiser prepaid plan, rural health clinic, non-hospital dialysis facilities, and Medicare.
- VA *A 07/92 (-) Virginia now requires that copays for categorically needy recipients be the same as those for the medically needy; and that for the purposes of collecting copays, qualified Medicare beneficiaries be considered the same as categorically needy. Also some copays were increased.

ACUTE CARE

INPATIENT HOSPITAL CARE

Amount, Duration, and Scope

- AK *A 10/92 (-) Alaska implemented a change to the 50th percentile of length of stay study as the maximum number of days of hospitalization payable by Medicaid.

- AR *A 11/92 (-) Arkansas Medicaid will no longer reimburse for an additional 30 days of inpatient rehabilitative hospital services provided in a certified rehabilitative hospital once the benefit limit of 20 days per State fiscal year has been exhausted.
- GA *A 05/92 (+) Georgia changed swing bed placement requirements. Patients now need only meet the nursing facility level of care to qualify for swing bed services, as opposed to the nursing facility level of care.
- HI *A 02/92 (-) Hawaii reduced the approved length of stay in a psychiatric hospital from 50 to 40 days per calendar year. Hawaii reduced outpatient psychotherapy sessions from 48 to 36 visits within a 12-month period.
- KS *A 05/92 (+) Kansas now reimburses hospitals for up to 200 hours of partial hospitalization fees for children and adolescents prior to the KAN Be Healthy screen.
- MI *A 05/92 (+) Michigan changed its share adjustor formula for DRG reimbursed hospitals and distinct part rehabilitation units. Hospitals reimbursed under DRGs are eligible for a disproportionate share adjustor, if indigent volume is at least 130 percent of the mean indigent volume for DRG reimbursed hospitals. For FY 91-92, the 130 percent of the mean threshold is 18.51 percent. In addition, hospitals with at least 50 percent indigent volume are eligible for an additional adjustment.
- The disproportionate share adjustor for DRG reimbursed hospitals with at least 50 percent indigent volume (IV) and for the distinct part rehabilitation units in those hospitals is: $1 + (IV - .1851) \times \text{Factor 1} + ((IV - .5) \times \text{Factor 2})$.
- The disproportionate share adjustor for DRG reimbursed hospitals with between 18.51 percent and 50 percent indigent volume and for distinct part rehabilitation units in those hospitals is: $1 + ((IV - .1851) \times \text{Factor 1})$.
- NM *A 05/92 () New Mexico developed a new definition for inpatient hospital stays. A hospitalization of less than 24 hours is classified as an observation stay. Excepted from this change are the following conditions: patient death, leaving the hospital or removal from the hospital by a guardian against medical advice, transfer to another facility, delivery of a child, and newborn birth admission.
- NM *A 01/92 () New Mexico developed a new definition for hospital outlier purposes of reimbursement. Only cases involving children less than 6 in a disproportionate share hospital or infants in all hospitals will meet the definition of an outlier case.
- OR *A 09/92 (-) Oregon now covers comprehensive nursing care under the private duty nursing program for children under 21 years of age.

WI *A 01/92 () Wisconsin began paying out-of-State hospitals according to the DRG system that has been developed and implemented for certified in-State and border status hospitals. The DRG rate for out-of-State hospitals is the non-Milwaukee general medical surgical hospital rate adjusted for capital, based on the Wisconsin average capital cost-per-discharge after the 10 percent capital reduction adjustment has been applied.

Utilization Controls

CO *A 07/92 () Colorado now requires a preprocedure review (formerly second opinion) for cochlear implants and penile prostheses. All other inpatient elective procedures are subject to retrospective review.

CO *A 07/92 () Colorado will now review all inpatient admissions for medical necessity of continued stay on a weekly basis, rather than every 3 days.

CO *A 07/92 () Colorado now requires pretreatment reviews for hospital-based psychiatric and substance abuse treatment for the following diagnoses:

adjustment reaction	Eating Disorders: bulimia
neurotic disorders	anorexia nervosa
conduct disturbances	Substance Abuse:
hyperkinetic syndrome	alcohol abuse/dependence
of childhood	drug abuse/dependence
chronic pain syndrome	chronic pain rehabilitation
depression	somataform pain disorder
oppositional defiant disorder	

HI *A 04/92 (+) Hawaii's Peer Review Organization (PRO) will now review a random sample of all discharge records of Medicaid clients in acute general care hospitals, including care in swing beds, psychiatric distinct parts and rehabilitation, and surgical cases from outpatient ambulatory surgical centers. The review will focus on admissions, readmissions within 31 days, cost outliers, and ambulatory surgery.

ID *A 04/92 () Idaho now requires preadmission reviews for inpatient hiatal hernia repair for certain Medicaid recipients and certain Division of Family and Children's Services clients. The attending physician/surgeon and hospital share responsibility for obtaining authorization at least 24 hours prior to admission for the surgery, or within 24 hours after an urgent or emergent admission. Excepted from review are patients under the age of 12 and patients who sustained a traumatic injury which resulted in the hernia.

IN *A 07/92 (-) Indiana implemented prior authorization for inpatient psychiatric services to curtail unwarranted admissions and unnecessarily long lengths of stay.

- ME *A 05/92 () Maine dropped the prior authorization requirement for strabismus surgery.
- TN *A 05/92 (+) Tennessee implemented a new policy regarding babies in the hospital and pre-admissions by the Mid-South Foundation (MSFMC). A MFSMC review is required any time a baby's charges are to be reimbursed under their own MID (Medicaid identification number), unless the baby is born in a designated regional perinatal center and placed in the neonatal care unit.

OUTPATIENT HOSPITAL SERVICES

Amount, Duration, and Scope

- MT *A 07/92 (+) Montana implemented Medicaid coverage of outpatient chemical dependency treatment for Medicaid-eligible children under age 21.
- NV *A 11/92 (-) Nevada now limits to two per month all physician, advanced practitioner of nursing, physician's assistants, and outpatient hospital clinic visits. Therapeutic injections are also limited to two per month.
- TX *A 07/92 () Texas now pays for outpatient consultations in an office or outpatient setting only. Consultations are limited to one per provider, per patient, per 6-month period.
- VA *A 07/92 (-) Virginia limited to 32 annually the skilled nursing and home health aide visits provided through home health services, regardless of how many different providers of services are used. In addition, physical therapy, occupational therapy, and speech language pathology services provided through home health agencies, rehabilitation agencies, school divisions, or hospital outpatient departments will be limited to 24 visits annually for each service, regardless of how many different providers are used. No extensions for either limit will be granted.

Utilization Controls

- AR *A 09/92 (-) Arkansas has implemented a copayment policy for outpatient hospital services. The copayment scale is as follows:

\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.00 or more	\$3.00

- CO *A 07/92 () Colorado now requires a preprocedure review (formerly second opinion) for the following elective procedures when performed in an outpatient setting:

arthroscopy	foot surgery
breast surgery, except biopsy	knee surgery
carpal tunnel release	myelogram
cataract extraction	nasal surgery
chemonucleolysis	pacemaker
cholecystectomy	penile prosthesis
cochlear implant	prostatectomy, TURP
coronary angiography	tonsillectomy and/
coronary angioplasty	or adenoidectomy

- FL *D 07/92 (-) Florida implemented a \$1.00 copay for certain adults for office visits.
- ME *A 09/92 (-) Maine implemented recipient copayments for hospital outpatient services, with exemptions for these services: family planning services and supplies; services to recipients under 21 years of age; services furnished to pregnant women up through 3 months after delivery; emergency services; services furnished to HMO enrollees; recipients in State custody; services furnished to chemotherapy recipients; all laboratory, radiology, and pharmacy services; and services furnished to residents of boarding or foster homes. A cap of \$30 per month, per recipient has been set, and charges cannot exceed \$3 per day.
- VT *A 07/92 (-) Vermont instituted a copayment policy as follows: \$3.00 per day per hospital for hospital outpatient services unless the client is also covered by Medicare; \$1.00 for each prescription, original or refill, costing \$25.00 or less; and \$2.00 for each prescription, original or refill, costing over \$25.00. Women who are pregnant or in the 60-day post-pregnancy period are exempted from the copay.

RURAL HEALTH CLINIC SERVICES

Amount, Duration, and Scope

- KS *A 07/92 (+) Kansas now reimburses for rabies vaccines when provided by a rural health clinic.

Utilization Controls

- AR *A 09/92 (-) Arkansas has implemented a copayment policy for prescription drugs, outpatient hospital, nurse practitioner, physician, podiatrist, prosthetic, public transportation, rural health clinic, Federally Qualified Health Center, and visual services. The copayment scale is as follows:

\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.00 or more	\$3.00

OTHER CLINIC SERVICES

Amount, Duration, and Scope

- GA *A 01/92 (+) Georgia now allows services for EPSDT-eligible clients to be provided outside the clinic if the following criteria are met:
- o services are not provided in public institutions (jails, free-standing psychiatric hospitals, or nursing facilities);
 - o the out-of-clinic service is clinically/programmatically necessary or leads to enhancement of services; and
 - o specific justification for the service to be performed outside the clinic is documented in the client record.
- NY *A 09/92 (+) New York expanded its definition of HIV-related disease to include syphilis, and cardiologic, gynecologic, and neoplastic manifestations. HIV positive individuals who also have these clinical conditions are now eligible for a variety of services and programs within the Department of Social Services, including the emergency shelter allowance and the AIDS Health Insurance program.
- PA *A 10/92 (+) Pennsylvania now reimburses clinics for certain vaccines in addition to the clinic visit fee. This policy does not apply to hospital outpatient clinics where the hospital pharmacy is enrolled in the Medical Assistance program.
- WA *A 04/92 (+) Washington has implemented a pilot program to reimburse infusion therapy services on a per diem basis. The program was designed to meet the needs of difficult, long-term cases, with the primary goal of providing necessary medical services to recipients in less costly, medically appropriate settings. The per diem reimbursement has two main goals: to reduce program costs by reducing the incidence of hospitalizations intended primarily to provide infusion therapy services; and to promote patient recovery by providing treatment in an environment which promotes a lower incidence of nosocomial infections and stress-related complications. The program ended October 1, 1992.

Utilization Controls

- AR *A 09/92 (-) Arkansas has implemented a copayment policy for prescription drugs, outpatient hospital, nurse practitioner, physician, podiatrist, prosthetic, public transportation, rural health clinic, Federally Qualified Health Center, and visual services. The copayment scale is as follows:

\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.00 or more	\$3.00

PHYSICIAN SERVICES

Amount, Duration, and Scope

- NV *A 11/92 (-) Nevada now limits to two per month all physician, physician's assistants, and outpatient hospital clinic visits. Therapeutic injections are also limited to two per month.
- TX *A 07/92 () Texas now pays for outpatient consultations in an office or outpatient setting only. Consultations are limited to one per provider, per patient, per 6-month period.
- WA *A 04/92 (+) Washington has implemented a pilot program to reimburse infusion therapy services on a per diem basis. The program was designed to meet the needs of difficult, long-term cases, with the primary goal of providing necessary medical services to recipients in less costly, medically appropriate settings. The per diem reimbursement has two main goals: to reduce program costs by reducing the incidence of hospitalizations intended primarily to provide infusion therapy services; and to promote patient recovery by providing treatment in an environment which promotes a lower incidence of nosocomial infections and stress-related complications. The program ended October 1, 1992.
- WV *A 07/92 () West Virginia now reimburses osteopathic physicians for a total of 10 manipulations over a 90-day period. If more than that are necessary, prior authorization is required.

Utilization Controls

- AR *A 09/92 (-) Arkansas has implemented a copayment policy for physician and podiatrist services. The copayment scale is as follows:
- | | |
|--------------------|--------|
| \$10.00 or less | \$0.50 |
| \$10.01 to \$25.00 | \$1.00 |
| \$25.01 to \$50.00 | \$2.00 |
| \$50.00 or more | \$3.00 |
- FL *A 07/92 (-) Florida implemented a \$1.00 copay on physician services provided to certain adults.

NURSE PRACTITIONER, MIDWIFE, PHYSICIAN EXTENDER SERVICES

Amount, Duration, and Scope

- AR *A 09/92 (+) Arkansas Medicaid began enrolling obstetric/gynecologic nurse practitioners.
- FL *A 10/92 (+) Florida now reimburses licensed midwives.

- HI *A 04/92 (+) Hawaii now covers the services of family nurse practitioners and pediatric nurse practitioners for office visits, home visits, nursing facility visits, administration of injections and immunizations, preventive medicine (including EPSDT examinations and audiologic tests), and selected minor surgical procedures. Reimbursement will be at 75 percent of the rate paid to physician general practitioners and pediatricians respectively.
- KY *A 08/92 () Kentucky Medicaid terminated its Certified Nurse Midwife program and is folding it over into its Advanced Registered Nurse Practitioner program (ARNP). All nurse-midwives currently enrolled as providers were afforded the opportunity to re-enroll as an ARNP with a specialization in nurse midwifery.
- NV *A 11/92 (-) Nevada now limits to two per month all advanced practitioner of nursing, physician's assistants, and outpatient hospital clinic visits. Therapeutic injections are also limited to two per month.
- SC *A 07/92 () South Carolina will now directly reimburse nurse practitioners of all specialties, provided they are enrolled as South Carolina Medicaid providers.

Utilization Controls

- AR *A 09/92 () Arkansas has implemented a copayment policy for nurse practitioner, rural health clinic, and Federally Qualified Health Center services. The copayment scale is as follows:

\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.00 or more	\$3.00

OPTOMETRIST SERVICES

Utilization Controls

- AR *A 09/92 () Arkansas has implemented a copayment policy for visual services. The copayment scale is as follows:

\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.00 or more	\$3.00

- MI *A 04/92 (+) Michigan changed its vision services policy to cover replacement of eyeglasses and contact lenses for adults 21 and over at one replacement pair per year and for children under age 21 at two replacement pairs per year. The prior authorization requirement for services considered to be routine and ordinary has been dropped. However, if the recipient has a medical condition (i.e.,

diabetes) that requires prescription changes exceeding the program's limit for replacements, prior approval must still be obtained. Vision providers must offer at least 80 percent of their frame selection for recipient review.

DENTIST SERVICES

Amount, Duration, and Scope

- MI *A 06/92 (+) Michigan reinstated adult dental services coverage. The level of services will be the same as that covered on January 1, 1991.
- ND *A 11/92 (+) North Dakota instituted an orthodontic program for Medicaid EPSDT children. The potential candidate will be referred by the EPSDT screening clinic to an orthodontist who will complete a prior treatment authorization request (PTAR), which uses a scoring system to determine eligibility; the cutoff score is 20. The orthodontic consultant for Medical Services will then determine whether the patient should be considered for treatment. The EPSDT screening team will follow the family in getting to necessary appointments and completion of all recommended treatment.
- PA *A 02/92 (+) Pennsylvania increased fees for dental services and also instituted reimbursement for intravenous sedation and management fees for clients with developmental disabilities which present a treatment obstacle for the dentist.
- WA *A 04/92 (+) Washington will now reimburse public health dental hygienists for oral health screenings under the EPSDT program. The screening will be allowed at least once every 12 months.

Utilization Controls

- AR *A 12/92 () Arkansas no longer requires prior authorization for the extraction of third molars.
- GA *A 01/92 (+) Georgia increased the limit on dental services from \$150 to \$300 per recipient, per provider, per calendar year. Also, root canal therapy is now available only to recipients under 21 years of age; prior authorization is required.
- TN *A 04/92 () Tennessee Medicaid has made changes to its dental policy. Dental services performed on an inpatient hospital basis will require a two-step authorization process; authorization must be obtained from both the Medicaid Medical Review Unit and the Mid-South Foundation for Medical Care.

Also, if a client is nearing his or her 21st birthday, and prior authorization is granted for a service or device (excluding orthodontics), the service may be covered after the client reaches age 21 when the following conditions are met:

- prior authorization is granted no more than 15 days prior to the client's 21st birthday; and
- the service is completed no more than 10 days after the client attains 21 years of age.

When an orthodontic treatment plan is approved prior to the client attaining 20 1/2 years of age, and treatment is initiated prior to the client attaining 21 years of age, reimbursement shall be made through the completion of the treatment plan.

PODIATRIST SERVICES

Amount, Duration, and Scope

- CT *D 07/92 (+) The Connecticut legislature has reinstated Medicaid coverage for chiropractic, podiatric, and naturopathic services.
- NV *A 11/92 (-) Nevada Medicaid now limits podiatric and chiropractic services to recipients under the age of 21 who have been referred from an EPSDT screening exam and individuals eligible as Qualified Medicare Beneficiaries (QMBs).
- WA *A 07/92 (+) Washington has reinstated podiatry coverage for Medicaid-eligible adults. Also, podiatry services for children up to age 21 no longer require a referral from an EPSDT/Healthy Kids screening provider.

Utilization Controls

- AR *A 09/92 (-) Arkansas has implemented a copayment policy for podiatrist. The copayment scale is as follows:

\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.00 or more	\$3.00

- ME *A 09/92 (-) Maine implemented recipient copayments for podiatry services. A cap of \$20 per month, per recipient has been set, and charges cannot exceed \$2 per day.
- MI *A 10/92 (+) Michigan reinstated coverage of medically necessary podiatry services to Medicaid adults and chiropractic x-rays for all age groups to the level in effect on October 1, 1991. Podiatry services require a \$2.00 copay for each separately reimbursable visit. Chiropractic spinal x-rays are limited to one set per client per year, with a \$1.00 copay requirement.

CHIROPRACTOR SERVICES

Amount, Duration, and Scope

- AR *A 05/92 (-) Arkansas no longer requires a pregnant woman to have an x-ray taken before chiropractic treatment is provided.
- CT *D 07/92 (+) The Connecticut legislature has reinstated Medicaid coverage for chiropractic, podiatric, and naturopathic services.
- MT *A 07/92 (+) Montana implemented Medicaid coverage of respiratory care and chiropractic treatment services for Medicaid-eligible children under age 21.
- NV *A 11/92 () Nevada Medicaid now limits podiatric and chiropractic services to recipients under the age of 21 who have been referred from an EPSDT screening exam and individuals eligible as Qualified Medicare Beneficiaries (QMBs).
- WV *A 10/92 (+) West Virginia increased from 30 to 40 the number of covered spinal manipulations provided by a chiropractor, per recipient, per fiscal year. Prior authorization is no longer required.

Utilization Controls

- IN *A 09/92 (-) Indiana placed prior authorization requirements and limited the number of allowed chiropractic services per recipient, per year.
- ME *A 09/92 (-) Maine decreased provider reimbursement by 10 percent across the board for chiropractic services, and implemented recipient copayments for these services.
- MI *A 10/92 (+) Michigan reinstated coverage of medically necessary podiatry services to Medicaid adults and chiropractic x-rays for all age groups to the level in effect on October 1, 1991. Podiatry services require a \$2.00 copay for each separately reimbursable visit. Chiropractic spinal x-rays are limited to one set per client per year, with a \$1.00 copay requirement.
- WV *A 08/92 (+) West Virginia no longer requires referral from a physician in the PAAS (Physician Assured Access System) program for services rendered by a chiropractor.

PHYSICAL THERAPY SERVICES

Amount, Duration, and Scope

- ME *A 05/92 (+) Maine increased its reimbursement rate to \$40 per hour for physical therapy services, and eliminated restrictions for physical therapy services provided in school settings.

NV *A 11/92 (-) Nevada now limits to 24 per calendar year the number of medically necessary visits for physical therapy. Exempt from this limitation under all categories are referrals from an EPSDT screen and QMBs. Also exempted under physical therapy are recipients of extensive burns involving deep tissue (especially over joints), and recipients with a chronic arthritic condition who have not previously been instructed in a home PT program.

Utilization Controls

ME *A 09/92 (-) Maine implemented recipient copayments for physical therapy services. A cap of \$20 per month, per recipient has been set, and charges cannot exceed \$2 per day.

OCCUPATIONAL THERAPY SERVICES

Amount, Duration, and Scope

GA *A 07/92 (+) Georgia now covers occupational therapy under home health services. It may be provided when there is a need for skilled nursing care, speech therapy, or physical therapy in the current or prior certification period and the service is determined to be medically necessary.

NV *A 11/92 (-) Nevada now limits to 24 per calendar year the number of medically necessary visits for occupational therapy. Exempt from this limitation under all categories are referrals from an EPSDT screen and QMBs. Also exempted under occupational therapy are recipients whose acute loss of function is the result of severe trauma or sensory disability.

Utilization Controls

ME *A 09/92 (-) Maine implemented recipient copayments for occupational therapy services. A cap of \$20 per month, per recipient has been set, and charges cannot exceed \$2 per day.

SPEECH, HEARING, AND LANGUAGE THERAPY SERVICES

Amount, Duration, and Scope

GA *A 10/92 (+) Georgia now reimburses for speech, language, and hearing services for recipients under 21 years of age when rendered by licensed audiologists or licensed speech therapists.

ME *A 05/92 (+) Maine implemented reimbursement for interpreter services provided to hearing-impaired recipients when these services are required to better access Medicaid services by physicians or other health care providers.

NV *A 11/92 (-) Nevada now limits to 24 per calendar year the number of medically necessary visits for speech therapy. Exempt from this limitation under all categories are referrals from an EPSDT screen and QMBs. Also exempted from speech therapy are recipients who have sustained severe traumatic brain injury or an acquired brain injury, and post laryngectomy.

Utilization Controls

ME *A 09/92 (-) Maine implemented recipient copayments for speech pathology services. A cap of \$20 per month, per recipient has been set, and charges cannot exceed \$2 per day.

ME *A 09/92 (-) Maine implemented recipient copayments for speech pathology services. A cap of \$20 per month, per recipient has been set, and charges cannot exceed \$2 per day.

ME *A 02/92 (+) Maine eliminated restrictions on reimbursement for speech pathology services provided in school settings, and increased reimbursement for all speech pathology services.

PSYCHOLOGIST SERVICES

Amount, Duration, and Scope

AZ *A 11/92 (+) Arizona added mental health services for persons who have a serious mental illness AND are age 21 or older.

CO *A 07/92 (+) Colorado now covers services provided by State-licensed psychologists as a routine Medicaid benefit. This service was put into effect because the psychology pilot project was discontinued. Licensed psychologists are authorized to provide the following services: psychologist testing (inpatient or ambulatory), inpatient individual psychotherapy, psychological testing by a nonphysician provider below Ph.D or Psy.D. level, summary conference with family members, ambulatory/outpatient individual psychotherapy, and ambulatory/outpatient group psychotherapy.

KS *A 10/92 (+) Kansas now reimburses for concurrent care by psychotherapy providers to provide access to necessary services in the community and avoid hospitalization. Concurrent care is defined as care that is provided by two or more eligible providers on the same date of service.

ME *B 12/92 (+) Maine proposed reimbursement for treatment services provided to persons with dual disorders of substance abuse and mental illness, and for the provision of personal care services by substance abuse programs.

MA *A 09/92 (+) Massachusetts has expanded benefits for Medicaid recipients who exhaust their HMO's standard benefit level within a calendar year for mental health visits and alcohol/substance abuse outpatient counseling. When the benefit level has been exhausted, an evaluation by the HMO must be done to determine whether services beyond the benefit level are necessary. All covered services determined to be medically necessary must then be provided by the HMO. Included in these services are acupuncture detoxification, methadone dosing, and methadone counseling.

Utilization Controls

IN *A 07/92 (-) Indiana implemented prior authorization for inpatient psychiatric services to curtail unwarranted admissions and unnecessarily long lengths of stay.

NV *A 08/92 (+) Nevada now requires the performance of an EPSDT screening before admission to any freestanding psychiatric hospital or general hospital with a psychiatric unit. The screening must be performed by an EPSDT provider who is NOT an employee or consultant of the hospital; this provider cannot be expected to admit or provide services. Authorization must be obtained prior to admission, and the request must be accompanied by a tentative treatment plan.

LAB AND X-RAY SERVICES

Amount, Duration, and Scope

GA *A 10/92 (+) Georgia now reimburses for medically necessary MRI services for recipients under 21 years of age. This includes scans of the brain, spine, knee, lower extremity, orbit, face, myocardium, or neck when CAT scans or SPECT scans are not definitive or appropriate.

NM *A 10/92 (-) New Mexico limited the providers reimbursed for laboratory services to those laboratories with either a certificate of waiver or a certificate of registration. Payments for clinical laboratory and/or surgical pathology services are limited to the laboratory or practitioner that actually performed the test, specimen examination, and result reporting. Cytogenic laboratory services no longer require prior authorization.

TX *A 04/92 (+) Texas now reimburses for allergy testing on a per-test basis. Therefore, providers must indicate the number of tests provided, or payment will be made for one test only.

VA *A 07/92 (+) Virginia now provides coverage of screening or base line mammograms for female Medicaid recipients aged 35 and over.

PRESCRIBED DRUGS

Amount, Duration, and Scope

- AR *A 12/92 (+) Arkansas implemented the new generic drug upper limit list, which includes the data received from HCFA.
- AR *A 07/92 (+) Arkansas Medicaid will now consider extensions of the prescription drug benefit limit up to a maximum of six prescriptions per month for recipients age 21 and older. The benefit limit remains three prescriptions per recipient.
- AR *A 05/92 (-) Arkansas set a benefit limit of three prescriptions per calendar month for recipients age 21 and older. Excluded from this limit are recipients residing in nursing homes and children under age 21 who are enrolled in the EPSDT program.
- FL *A 02/92 (-) Florida Medicaid no longer provides coverage for products used as smoking-cessation aids and cough and cold relief medication for recipients age 21 and older. In addition, anti-ulcer, anti-anxiety, and sedative hypnotic drugs are limited to one refill per prescription.
- ID *A 07/92 (+) Idaho no longer covers the following branded or generic over-the-counter products: clemastine fumarate (Tavist 1) and clemastine fumarate with phenylpropanolamine hydrochloride (Tavist D).
- KS *A 10/92 (+) Kansas now reimburses for the following injections for Medicaid recipients:
- | | |
|-----------------------------------|-------------|
| o Antistreplase (Eminase) | 30 units |
| o Dipyridamole (Persantine IV) | 10 mg./ml. |
| o Famotidine (Pecid) | 10 mg./ml. |
| o Flumazenil (Mazicon) | 0.1 mg./ml. |
| o Phentolamine Mesylate (Regitin) | 5 mg./ml. |
- KS *A 08/92 (+) Kansas now reimburses for prenatal vitamins up to 3 months postpartum for lactating women.
- ME *A 12/92 (+) Maine expanded the coverage of Lactulose. Currently reimbursable only to patients with portal encephalopathy or cirrhosis, the expansion allows reimbursement to include use as a laxative with written documentation from a physician or treatment failure with standard therapies, and cost effectiveness.
- MD *A 05/92 (+) Maryland reinstated coverage of Carbamazepine 200 mg. tablets, Carbamazepine 100 mg. chewable tablets, and hydrochlorothiazide/Triamterene 25 mg./50 mg. capsules under the Interchangeable Drug Cost provisions.

- MI *A 06/92 (-) Michigan no longer covers infertility drug products, specifically Clomid and Serophene.
- NV *A 11/92 (-) Nevada limited therapeutic injections to two per month.
- NV *A 11/92 (+) Nevada Medicaid increased the maximum quantity of medication per prescription for maintenance medications for chronic conditions from a 34-day supply to a 100-day supply. The following drug categories are considered maintenance medications: antianginals, antiarrhythmics, anticonvulsants, antidiabetics, antihypertensives, cardiac glycosides, diuretics, and thyroid preparations.
- NV *A 11/92 (-) Nevada reduced from five to three the number of covered prescriptions per month. Excluded from the limitations are prenatal vitamins/minerals, family planning prescriptions, or prescriptions resulting from an EPSDT screening examination.
- NV *A 11/92 (+) Nevada now covers oral nutritional supplements or replacements when used for a short term therapeutic regimen subject to prior authorization.
- NV *A 04/92 (+) Nevada is now covering nicotine preparations as long as they are applied in accordance with FDA guidelines. They will be covered for a period of 3 months without prior authorization.
- TX *A 01/92 (+) Texas now covers certain amphetamine products and one related drug, limited to hyperactive children who have been unresponsive to either Ritalin or Cylert, or in cases of nonresponsive narcolepsy. Prior authorization is required for these products.
- WV *A 03/92 (+) West Virginia now covers nicotine patches up to a maximum of a 1-month supply with one refill.

Utilization Controls

- AR *A 09/92 (-) Arkansas has implemented a copayment policy for prescription drugs, outpatient hospital, nurse practitioner, physician, podiatrist, prosthetic, public transportation, rural health clinic, Federally Qualified Health Center, and visual services. Excluded from copayment are individuals under 18 years of age, pregnant women, nursing facility residents, family planning services and supplies, HMO enrollees, and recipients of emergency services. The copayment scale is as follows:

\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.01 or more	\$3.00

- FL *A 04/92 (-) Florida has implemented a \$1.00 copay for prescribed drugs for certain adult recipients.

- FL *D 04/92 (-) Florida implemented a pharmacy cost containment program which includes prior authorization, on-site education, enhanced fraud and abuse activities, nursing home pharmacy consultants, and electronic claims processing (Chapter 92-293 Laws of Florida).
- GA *A 08/92 (+) Georgia now allows eligible recipients with a diagnosis of end stage renal disease to receive certain oral medications (binders and vitamins) with prior approval.
- GA *A 07/92 (-) Georgia implemented a drug utilization review (DUR) program which was designed to monitor the use of prescription drugs by Medicaid recipients. The goal of this program is to identify potential drug therapy problems to providers and seek their assistance in resolving them. The practitioner's license number and the number of days the medication should last (based on the prescriber's directions for use) now need to appear on the pharmacy claim form.
- GA *A 01/92 (-) Georgia now requires prior authorization for benzodiazepine products when prescribed to adults. Recipients under 21 years of age are exempted from this requirement.
- ID *A 10/92 (+) Idaho now covers Levocarnitine for approved indications with prior approval. Approved indications include primary carnitine deficiency and carnitine deficiency, secondary to valproic acid toxicity.
- IA *A 10/92 (-) Iowa has implemented an expanded prescribed drug prior authorization program. Prior authorization is now required for the following drugs:
- o Histamine H-2 receptor antagonists and sucralfate at full therapeutic dose levels for longer than 90 days.
 - o Omeprazole at full therapeutic dose levels for longer than a 60-day period.
 - o Misoprostol, when a nonsteroidal anti-inflammatory drug is not prescribed concurrently for longer than a 90-day period.
 - o Single-source nonsteroidal anti-inflammatory drugs.
 - o Single source benzodiazepines.
 - o Growth hormones.
- KS *A 08/92 (+) Kansas now reimburses for the enteral nutritional formula Lipisorb, with prior authorization.
- ME *A 06/92 (-) Maine eliminated the cap on copayments for the drugs for the elderly program.

- MD *A 07/92 (-) Maryland increased copayments from \$0.50 to \$1.00 for recipients in Federal eligibility categories for Medical Assistance and from \$4 to \$5 for recipients in the Pharmacy Assistance program. The same copayment exemptions apply.
- NJ *D 07/92 (-) The New Jersey legislature increased the copayment from \$2.00 to \$5.00 for all drugs prescribed under the Pharmaceutical Assistance to the Aged and Disabled program.
- VT *A 07/92 (-) Vermont instituted a copayment policy as follows: \$3.00 per day per hospital for hospital outpatient services unless the client is also covered by Medicare; \$1.00 for each prescription, original or refill, costing \$25.00 or less; and \$2.00 for each prescription, original or refill, costing over \$25.00. Women who are pregnant or in the 60-day post-pregnancy period are exempted from the copay.
- WV *A 07/92 (-) West Virginia Medicaid now utilizes a comprehensive prospective drug utilization review (ProDur), under contract to First Health Services Corporation, in processing claims received on-line from pharmacists. The system performs drug therapy screening which enables pharmacists to better perform drug therapy evaluation, and includes a warning to pharmacists on patients receiving the same or similar drugs from another physician or pharmacy. The system alerts the pharmacists to the following situations in which potential drug therapy problems may exist: overutilization, underutilization, excessive daily dose, insufficient daily dose, therapeutic duplication, drug-to-drug interaction, drug-age contraindication, and drug-pregnancy contraindication.

FAMILY PLANNING SERVICES

Amount, Duration, and Scope

- MT *A 06/92 (-) Montana no longer covers medical services for the treatment of infertility.
- OK *A 09/92 (-) Oklahoma no longer covers non-medical reversal of sterilization procedures.

EPSDT SERVICES

Amount, Duration, and Scope

- AR *A 01/92 (+) Arkansas added coverage of machine terminal devices payable to prosthetic providers when provided to recipients under age 21 who are enrolled in the EPSDT program.
- GA *A 10/92 (+) Georgia now reimburses for speech, language, and hearing services for recipients under 21 years of age when rendered by licensed audiologists or licensed speech therapists.

- GA *A 07/92 (+) Georgia now covers early intervention services for children up to age 3 who have been diagnosed as developmentally delayed. Covered services include: audiology, nursing, nutrition, occupational therapy, physical therapy, psychological, social work, special instruction, speech-language pathology, vision, and assistive technology.
- GA *A 01/92 (+) Georgia now allows services for EPSDT-eligible clients to be provided outside a clinic if the following criteria are met:
- o services are not provided in public institutions (jails, free-standing psychiatric hospitals, or nursing facilities);
 - o the out-of-clinic service is clinically/programatically necessary or leads to enhancement of services; and
 - o specific justification for the service to be performed outside the clinic is documented in the client record.
- HI *A 08/92 (+) Hawaii has added coverage of blood lead levels ordered by a child's physician or health care provider for all Medicaid-eligible children.
- ID *A 12/92 (-) Idaho no longer requires prior authorization for EPSDT screens.
- KS *A 05/92 (+) Kansas now reimburses for dietician services for KAN Be Healthy participants. The dietician providing the service must be registered and licensed through the Department of Health and Environment. Services may only be rendered through a medical or dental KAN Be Healthy screening referral.
- KS *A 01/92 (+) Kansas now reimburses for the hepatitis B virus vaccine for all KAN Be Healthy participants, as well as pregnant women considered high-risk and newborns of hepatitis B positive mothers. Medical necessity documentation must be submitted for the claims of pregnant women.
- KY *A 09/92 (+) Kentucky now covers the hepatitis B vaccine for infants. The schedule of three doses shall be administered as follows: the first dose during the newborn period in the hospital prior to an infant's discharge, the two remaining doses during the first year of life, and in conjunction with other childhood immunizations in an outpatient setting. No separate office visit for the vaccination will be accepted.
- ME *B 10/92 (+) Maine proposed allowing Medicaid reimbursement for health care services provided by well child clinics and school health clinics.

MS *A 11/92 (+) Mississippi now covers screening for blood lead levels in all children receiving EPSDT services. Children between the ages of 6 months through 72 months are considered at risk for elevated blood lead levels. Screening consists of both a verbal risk assessment and a blood lead level assessment.

MO *A 11/92 (+) Missouri now covers the following procedures for children under the age of 21 when performed by Medicaid-enrolled psychiatrists:

SERVICE	DESCRIPTION	MAXIMUM AMOUNT
Testing	Done by MD, with a written report, per one-half hour unit. Limited to 8 units/recipient/year.	\$30/one-half hour unit.
Crisis intervention	Done by psychiatrist, HOME. Limited to 12 units/recipient/year.	\$35/one-half hour unit.
Individual	Done by MD, with continuing medical diagnostic evaluation & drug management when indicated, HOME. Limited to two units/day.	\$35/one-half hour unit.
Family Medical Psychotherapy	Done by MD, without the patient present. Limited to two units/day.	\$30/one-half hour unit.
Family Medical Psychotherapy	Same as above, but in the HOME.	\$35/one-half hour unit.
Family Medical Psychotherapy	Done by MD, with the patient present, with continuing medical diagnostic eval. and drug management when indicated. Limited to two units/day.	\$30/one-half hour unit.
Family Medical Psychotherapy	Same as above, but taking place in the HOME.	\$35/one-half hour unit.

- MT *A 12/92 (+) Montana implemented private duty nursing services for children under age 21.
- MT *A 07/92 (+) Montana implemented Medicaid coverage of respiratory care and chiropractic treatment services for Medicaid-eligible children under age 21.
- MT *A 07/92 (+) Montana implemented Medicaid coverage of outpatient chemical dependency treatment for Medicaid-eligible children under age 21.
- NV *A 11/92 (+) Nevada Medicaid now limits podiatric and chiropractic services to recipients under the age of 21 who have been referred from an EPSDT screening exam and individuals eligible as Qualified Medicare Beneficiaries (QMBs).
- NV *A 08/92 (+) Nevada Medicaid now reimburses EPSDT providers for immunization administration services. Providers receive \$8.77 per immunization administered up to four at one time. This reimbursement is over and above the \$55.66 reimbursement for a screening exam. The vaccinations used must be gotten free of charge from the Nevada State Health Division.
- NV *A 04/92 (+) Nevada now covers one fetal non-stress test in the global fee for uncomplicated OB care. Subsequent claims for the test will be paid only if the test was performed due to the following: decreased fetal movement, increased blood pressure, to determine gestational age, or diabetes.
- NV *A 04/92 (+) Nevada now reimburses for fetal non-stress tests for pregnancy complications. (It will no longer be included in the global fee for uncomplicated OB care.) Claims must include the complicating diagnosis; i.e., post date maturity, hypertensive disorders, diabetes, abnormal estriol levels, decreased fetal movement, history of stillbirths or poor pregnancy outcomes, or other diagnosis with appropriate medical justification.
- NJ *A 11/92 (+) New Jersey now authorizes the hepatitis B vaccine for all newborns.
- NJ *A 07/92 (+) New Jersey implemented a new waiver program, titled the ABC program, which helps eligible children to remain in the community or to return to the community rather than be cared for in a nursing facility or hospital setting. The waiver has slots for 300 children. To be eligible, children must be in need of institutional care and meet, at a minimum, Medicaid nursing facility criteria. Children through the age of 21 who are under the care and supervision of the Division of Youth and Family Services (DYFS), whether in their own homes, with extended family, or in DYFS placements, will be served.

The special services provided under this waiver include case management, homemaker services, respite care, environmental modifications, specialized medical equipment and supplies, private duty nursing, specialized nutrition, pediatric hospice, special home service provider supervision, transportation, specialized group foster care homes, and non-legend drugs.

- ND *A 11/92 (+) North Dakota instituted an orthodontic program for Medicaid EPSDT children. The potential candidate will be referred by the EPSDT screening clinic to an orthodontist who will complete a prior treatment authorization request (PTAR), which uses a scoring system to determine eligibility; the cutoff score is 20. The orthodontic consultant for medical services will then determine whether the patient should be considered for treatment. The should be considered for treatment. The EPSDT screening team will follow the family in getting to necessary appointments and completion of all recommended treatment.
- OH *A 02/92 (+) Ohio now covers enhanced pregnancy services for all Medicaid-eligible women. These services include coordination and counseling/education on any topic (including nutrition) at any time during the pregnancy, a pre-delivery pediatric visit to encourage early and continuous primary care for children, and a nutrition intervention service to any pregnant woman who requires a "therapeutic diet during the antepartum and post-partum period." In addition, limits on the number of antepartum visits and counseling have been removed.
- OR *A 08/92 (+) Oregon now covers comprehensive nursing care under the private duty nursing program for children under 21 years of age.
- PA *A 12/92 (+) Pennsylvania now reimburses for the hepatitis B vaccine under the EPSDT program. The suggested dose is for one inoculation at 15 months.
- SC *A 05/92 (+) South Carolina now limits acne treatment to clients age 18 or younger. The acne condition must be termed infected, cystic, or pustular.
- TN *A 03/92 (+) Tennessee now requires all Medicaid-eligible children between the ages of 1 to 5 to have at least one lead screening test using a blood lead level (BLL) test. The results of this test must be documented in the patient's medical record. Providers must also annually document in the patient's record that a medical and environmental history has been reviewed to determine possible lead exposure.
- VA *A 11/92 (+) Virginia now provides speech therapy, physical therapy, and occupational therapy services for eligible children through public school divisions.

- VA *A 07/92 (+) Virginia now includes routine hepatitis B immunization of all Medicaid infants including children born to hepatitis B-negative mothers under its covered services. The recommended schedule calls for the initial dose to be administered to newborns prior to hospital discharge, followed by a booster at 1 to 2 months and the final booster between 6 and 18 months.
- WA *A 07/92 (+) Washington has reinstated podiatry coverage for Medicaid-eligible adults. Also, podiatry services for children up to age 21 no longer require a referral from an EPSDT/Healthy Kids screening provider.
- WA *A 04/92 (+) Washington will now reimburse public health dental hygienists for oral health screenings under the EPSDT program. The screening will be allowed at least once every 12 months.
- WI *A 07/92 (+) Wisconsin implemented a volume vaccine purchase in order to increase the number of immunizations given to Medical Assistance clients. The Bureau of Public Health purchases basic vaccines in bulk from the Centers for Disease Control. These vaccines are then provided at no cost through an automatic shipping process to certified providers.

Utilization Controls

- AL *A 06/92 (+) Alabama no longer requires prior authorization for most orthotic and prosthetic procedures for EPSDT referred services. Excluded from exemption are orthosis of the lower extremities, upper limb orthosis, and lower extremities prosthesis.
- KS *A 07/92 (+) Kansas now reimburses for oral supplemental nutrition services for KAN Be Healthy participants when documentation is included which supports negative nitrogen balance, liver disease, or renal diseases. Prior authorization is required.
- NV *A 08/92 (+) Nevada now requires the performance of an EPSDT screening before admission to any freestanding psychiatric hospital or general hospital with a psychiatric unit. The screening must be performed by an EPSDT provider who is NOT an employee or consultant of the hospital; this provider cannot be expected to admit or provide services. Authorization must be obtained prior to admission, and the request must be accompanied by a tentative treatment plan.
- NV *A 07/92 (+) Nevada Medicaid reimburses for admissions to substance abuse units of general hospitals (regardless of age), or freestanding psychiatric and substance abuse hospitals for clients under the age of 21 if the referral resulted from an EPSDT screening. All admissions must be prior authorized. Only the following services are covered:

Detoxification: For EPSDT clients, five hospital inpatient days are covered with unlimited lifetime admission services. Stays beyond 5 days will be authorized only if deemed medically necessary. For clients over 21, 5 days with unlimited lifetime admission services are covered.

Treatment: For any EPSDT client, 28 hospital days are covered with unlimited lifetime admission services until the client reaches age 21. Additional stay days must be deemed medically necessary. For each client over 21, 28 hospital days are covered only ONCE during the client's lifetime ONLY IF any of these criteria are met: the client is pregnant, the client has AIDS or AIDS-related condition, the substance abuse treatment is court-ordered, or the client is deemed amenable for treatment/potential to remain sober.

VT *A 06/92 (+) Vermont expanded its Dr. Dynasaur program to cover children until their 18th birthday and eliminated the sliding scale copayment for services rendered. This program was subsequently incorporated in Medicaid.

OTHER DIAGNOSTIC, SCREENING, AND PREVENTIVE SERVICES

Amount, Duration, and Scope

- FL *A 06/92 (+) Florida initiated reimbursement for one prenatal risk assessment (PNA) per pregnancy and payment of a fiscal incentive for beginning prenatal care in the first trimester.
- GA *A 10/92 (+) Georgia now reimburses for new patient nutritional assessments and established patient nutritional counseling visits.
- KS *A 07/92 (+) Kansas now reimburses for rabies vaccines when provided by a rural health clinic.
- NV *A 08/92 (+) Nevada Medicaid now reimburses EPSDT providers for immunization administration services. Providers receive \$8.77 per immunization administered up to four at one time. This reimbursement is over and above the \$55.66 reimbursement for a screening exam. The vaccinations used must be received free of charge from the Nevada State Health Division.
- NV *A 04/92 (+) Nevada now covers, with prior authorization, terbutaline infusion-pump therapy under the following conditions: the patient is at high risk for pre-term labor and delivery based on one or a combination of factors; the patient is currently or has been under treatment to prevent preterm labor; or appropriate alternative treatment has been tried and was not successful or contraindicated.
- NV *A 02/92 (+) Nevada now reimburses providers for an annual bilateral screening mammography for women age 40 and over and an annual preventive gynecological exam, including pap smear, for women who are or have been sexually active or are age 18 and over.

- NV *A 12/92 (+) Nevada now reimburses for a home uterine activity monitor when recipients have a current diagnosis of pre-term labor and a history of pre-term labor/delivery with previous pregnancies. This service requires prior authorization and documentation reflecting the need for such a device.
- PA *A 12/92 (+) Pennsylvania now reimburses for the hepatitis B vaccine under the EPSDT program. The suggested dose is for one inoculation at 15 months.
- PA *A 10/92 (+) Pennsylvania now reimburses clinics for certain vaccines in addition to the clinic visit fee. This policy does not apply to hospital outpatient clinics where the hospital pharmacy is enrolled in the Medical Assistance program.
- TN *A 03/92 (+) Tennessee now requires all Medicaid-eligible children between the ages of 1 to 5 to have at least one lead screening test using a blood lead level (BLL) test. The results of this test must be documented in the patient's medical record. Providers must also annually document in the patient's record that a medical and environmental history has been reviewed to determine possible lead exposure.

REHABILITATIVE SERVICES

Amount, Duration, and Scope

- VA *A 07/92 (-) Virginia limited to 32 annually the skilled nursing and home health aide visits provided through home health services, regardless of how many different providers of services are used. In addition, physical therapy, occupational therapy, and speech-language pathology services provided through home health agencies, rehabilitation agencies, school divisions, or hospital outpatient departments will be limited to 24 visits annually for each service, regardless of how many different providers are used. No extensions for either limit will be granted.

TRANSPORTATION SERVICES

Amount, Duration, and Scope

- IN *A 12/92 (-) Indiana implemented a 20-trip limit per recipient, per provider, per year on transportation services. Additional trips will be allowed with prior authorization.
- NM *A 05/92 (-) New Mexico implemented maximum payment limits for non-ambulance transportation services and now requires prior approval for trips over 100 miles.
- OH *A 05/92 (+) Ohio now covers transportation by ambulette to and from radiation therapy, chemotherapy, and dialysis treatment. Also, it is now solely the ambulance providers' responsibility to obtain prior authorization when patients reside in nursing homes.

Utilization Controls

AR *A 09/92 (-) Arkansas has implemented a copayment policy for public transportation. Excluded from copayment are individuals under 18 years of age, pregnant women, nursing facility residents, family planning services and supplies, HMO enrollees, and recipients of emergency services. The copayment scale is as follows:

\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.00 or more	\$3.00

GA *A 10/92 (+) Georgia no longer requires prior authorization for air ambulance transport for recipients 1-12 months of age. Physician-certified emergency transport services for recipients under 21 years of age are now covered when prior authorization is obtained.

ME *A 09/92 (-) Maine implemented recipient copayments for ambulance services, with exemptions for these services: family planning services and supplies, services to recipients under 21 years of age, services furnished to pregnant women up through 3 months after delivery, emergency services, services furnished to an HMO enrollee, recipients in State custody, and services furnished to any resident of a boarding or foster home. A cap of \$30 per month, per recipient has been set, and charges cannot exceed \$2 per day.

SUBSTANCE ABUSE SERVICES

Amount, Duration, and Scope

CO *A 04/92 (+) Colorado has implemented a substance abuse assessment and treatment program for pregnant women called the Special Connections program. Focusing on the special needs of pregnant women, the program has four goals:

1. to produce a healthy infant from the pregnancy;
2. to reduce or stop the substance abusing behavior of the pregnant woman during and after the pregnancy;
3. to maintain the family unit; and
4. to promote and assure a safe child rearing environment for the newborn and other children in the family.

The program offers an in-depth assessment and an individualized intensive treatment regimen consisting of education, group and individual counseling, and case management. Acceptance into the program is based on the findings of the screening assessment. The program is accepted as a Medicaid program benefit if the screening criteria are met.

- ME *B 12/92 (+) Maine proposed reimbursement for treatment services provided to persons with dual disorders of substance abuse and mental illness, and for the provision of personal care services by substance abuse programs.
- ME *A 02/92 (+) Maine now reimburses for adolescent residential rehabilitation and extended shelter services for the treatment of substance abuse.
- MA *A 09/92 (+) Massachusetts has expanded benefits for Medicaid recipients who exhaust their HMOs standard benefit level within a calendar year for mental health visits and alcohol/substance abuse outpatient counseling. When the benefit level has been exhausted, an evaluation by the HMO must be done to determine whether services beyond the benefit level are necessary. All covered services determined to be medically necessary must then be provided by the HMO. Included in these services are acupuncture detoxification, methadone dosing, and methadone counseling.
- MT *A 07/92 (+) Montana implemented Medicaid coverage of outpatient chemical dependency treatment for Medicaid-eligible children under age 21.
- NV *A 07/92 (+) Nevada Medicaid reimburses for admissions to substance abuse units of general hospitals (regardless of age), or freestanding psychiatric and substance abuse hospitals for clients under the age of 21 if the referral resulted from an EPSDT screening. All admissions must be prior authorized. Only the following services are covered:

Detoxification: For EPSDT clients, 5 hospital inpatient days are covered with unlimited lifetime admission services. Stays beyond 5 days will be authorized only if deemed medically necessary. For clients over 21, 5 days with unlimited lifetime admission services are covered.

Treatment: For an EPSDT client, 28 hospital days are covered with unlimited lifetime admission services until the client reaches age 21. Additional stay days must be deemed medically necessary. For any client over 21, 28 hospital days are covered only ONCE during the client's lifetime ONLY IF any of these criteria are met: the client is the client has AIDS or AIDS-related condition, the substance abuse treatment is court-ordered, or the client is deemed amenable for treatment/potential to remain sober.

PROSTHETIC DEVICES

Amount, Duration, and Scope

- AR *A 01/92 (+) Arkansas added coverage of machine terminal devices payable to prosthetic providers when provided to recipients under age 21 who are enrolled in the EPSDT program.

Utilization Controls

AL *A 06/92 (+) Alabama no longer requires prior authorization for most orthotic and prosthetic procedures for EPSDT referred services. Excluded from exemption are orthosis of the lower extremities, upper limb orthosis, and lower extremities prosthesis.

AR *A 09/92 (-) Arkansas has implemented a copayment policy for prosthetic services. The copayment scale is as follows:

\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.00 or more	\$3.00

DURABLE MEDICAL EQUIPMENT AND SUPPLIES

Amount, Duration, and Scope

AR *A 10/92 (+) Arkansas Medicaid added coverage of bronchial drainage systems when prior authorized. If renting, the daily rate cannot exceed \$13.97. If purchasing a pulmonary vest, reimbursement will be based on cost plus 10 percent, with a maximum of \$475.00.

AR *A 07/92 (+) Arkansas Medicaid now covers, with prior authorization, the rental of an electronic blood pressure monitor and one disposable blood pressure cuff per month. Reimbursement for the monitor is based on a daily rental rate and is a rental only item.

ID *A 10/92 (+) Idaho now covers the rental/purchase of electric blood glucose testing devices for gestational diabetics. Also, continuous positive airway pressure (CPAP) machines are now covered when the following criteria are met:

- o physician-certified documentation with a diagnosis of obstructive apnea, which is supported by evidence of at least 30 episodes, each lasting a minimum of 20 seconds, during 6 to 7 hours of recorded sleep; and
- o surgery is a likely alternative.

KS *A 05/92 (+) Kansas now reimburses for percussors through a DME provider for KAN Be Healthy participants who have a diagnosis of cystic fibrosis. If the child is institutionalized, the percussor is covered through reimbursement to the institution and is not purchased for the individual patient.

NM *A 05/92 (-) New Mexico now limits reimbursement for DME when a Medicare fee schedule is not available to 30 percent of the charge if the item costs less than \$1,000 and to 20 percent of the charge if the item costs more than \$1,000. Reimbursement for medical supplies are limited to 30 percent of the acquisition costs when a Medicare fee schedule is not available.

Utilization Controls

OR *A 04/92 (-) Oregon amended reimbursement procedures for home IV training initiated in a hospital setting. This training is now considered part of the hospital DRG and will not be paid separately. Also, prior authorization is now needed for parenteral infusion pumps (as well as enteral or IV) and documentation is needed to show other non-pump methods of delivery are not acceptable.

PA *A 09/92 (-) Pennsylvania now requires prior authorization for a nebulizer rental that will go beyond 3 months.

LONG TERM CARE SERVICES

NURSING FACILITY SERVICES

Amount, Duration, and Scope

ND *A 04/92 () North Dakota has changed its requirements for emergency placement in nursing facilities or swingbeds. A placement is defined as an emergency if:

- o based on the individual's physical and/or environmental status, there is a sudden and unexpected need for immediate NF/SB placement;
- o the above need is discovered with less than 8 working hours (8am - 5pm, Monday through Friday) within which to expedite a Level INF screen with the screening agency AND efforts to reach the screening agency were unsuccessful or impossible; and
- o there are NO other viable placement options available until the next working day.

ICF/MR SERVICES

Amount, Duration, and Scope

GA *A 07/92 (+) Georgia added services to their Mental Retardation Waiver program. These services are: personal support, environmental modifications, vehicle adaptations, specialized medical supplies and equipment, and personal emergency response.

ME *A 02/92 (+) Maine now reimburses for services provided by community residences for persons with mental retardation.

- MI *A 10/92 (+) Michigan now covers clothing purchases for normalizing purposes in all ICF/MRs. Socially acceptable personal clothing may be for recipients who do not own or have other access to the clothing required.
- WV *A 01/92 (-) West Virginia no longer reimburses providers of intermediate care facilities for the mentally retarded for "special needs." The costs associated with special needs has been folded into the per diem rate.

INPATIENT PSYCHIATRIC SERVICES FOR INDIVIDUALS UNDER 21

Amount, Duration, and Scope

- OK *A 09/92 (-) Oklahoma changed psychiatric hospital length-of-stay determination procedures for clients under age 21. The determination will now be based on the Professional Activity Study (PAS), southern region. All admissions must be prior authorized.

HOME HEALTH SERVICES

Amount, Duration, and Scope

- GA *A 07/92 (+) Georgia now covers occupational therapy under home health services. It may be provided when there is a need for skilled nursing care, speech therapy, or physical therapy in the current or prior certification period and the service is determined to be medically necessary.
- KS *A 11/92 (-) Kansas has imposed limits on behavior management supportive home care: it will only be approved when a schedule of tasks is attached to the care plan, and it shall not be provided in settings in which three or more unrelated people reside unless it is the recipient's natural, adoptive, or foster home.
- MO *A 30/92 (+) Missouri now allows providers to bill for a visit to evaluate a child's home health needs. In cases where a plan of care has not been initiated or approved by a physician, the providers may bill separately for an initial face-to-face evaluation to assess and develop a plan of care. The evaluations, which do not require prior authorization, may be billed twice a year, per agency, per child.
- VA *A 07/92 (-) Virginia limited to 32 annually the skilled nursing and home health aide visits provided through home health services, regardless of how many different providers of services are used. In addition, physical therapy, occupational therapy, and speech language pathology services provided through home health agencies, rehabilitation agencies, school divisions, or hospital outpatient departments will be limited to 24 visits annually for each service, regardless of how many different providers are used. No extensions for either limit will be granted.

WA *A 04/92 (+) Washington has implemented a pilot program to reimburse infusion therapy services on a per diem basis. The program is designed to meet the needs of difficult, long-term cases, with the primary goal of providing necessary medical services to recipients in less costly, medically appropriate settings. The per diem reimbursement has two main goals: to reduce program costs by reducing the incidence of hospitalizations intended primarily to provide infusion therapy services; and to promote patient recovery by providing treatment in an environment which promotes a lower incidence of nosocomial infections and stress-related complications. The program ended October 1, 1992.

Utilization Controls

AR *A 09/92 (-) Arkansas implemented a coinsurance policy for home health, personal care, and private duty nursing services. Based on the Medicaid total paid claim amount, the recipients will be responsible for paying the provider a two percent coinsurance amount. Excluded from coinsurance are individuals under 18 years of age, pregnant women, nursing facility residents, family planning services, HMO enrollees, and recipients of emergency services.

PERSONAL CARE SERVICES

Amount, Duration, and Scope

AK *A 06/92 (+) Alaska now enrolls PCA agencies in the Personal Care Attendant program. Agency PCA services are procured through regional contracts let by the Division of Public Health. Agencies are responsible for seeking clients and attendants and for coordinating PCA services with State-funded homemaker services.

AR *A 04/92 (+) Arkansas Medicaid revised the benefit limit for personal care services from 50 hours per calendar month to 72 hours per calendar month for recipients age 21 and older. Extensions will be considered for recipients age 21 and older in life threatening situations and/or at risk of institutionalization.

LA *A 07/92 (+) Louisiana implemented a personal care attendant service waiver which provides personal care to applicants who have lost motor or sensory capabilities. Twenty waiver slots were approved for individuals who require only personal care attendant services to avoid institutionalization. Only those over the age of 18 and younger than 55 are eligible. Once certified, individuals may remain in the waiver after age 55.

ME *B 12/92 (+) Maine proposed reimbursement for treatment services provided to persons with dual disorders of substance abuse and mental illness, and for the provision of personal care services by substance abuse programs.

- MO *A 10/92 (+) Missouri now covers advanced personal care services for Medicaid recipients requiring devices and procedures related to altered body functions. Examples of advanced personal care tasks are changing of catheter or colostomy bags, hygiene around the catheter or ostomy site, and using a lift for transfers. Advanced personal care is appropriate only for persons with chronic, stable conditions.
- MT *A 05/92 (+) Montana Medicaid contracted to provide residential personal care services for the disabled.
- MT *A 01/92 (+) Montana implemented two pilot projects. The first allows Medicaid clients to direct their own personal care. The second allows case management teams to provide direct supervision of personal care attendants.
- OR *A 08/92 (+) Oregon now covers comprehensive nursing care under the private duty nursing program for children under 21 years of age.

Utilization Controls

- AR *A 09/92 (-) Arkansas implemented a coinsurance policy for home health, personal care, and private duty nursing services. Based on the Medicaid total paid claim amount, the recipients will be responsible for paying the provider a two percent coinsurance amount. Excluded from coinsurance are individuals under 18 years of age, pregnant women, nursing facility residents, family planning services, HMO enrollees, and recipients of emergency services.
- ME *A 09/92 (-) Maine implemented recipient copayments for private duty nursing and personal care services, with exemptions for these services: family planning services and supplies, services to recipients under 21 years of age, services furnished to pregnant women up through 3 months after delivery, emergency services, services furnished to HMO enrollees, recipients in State custody, and services furnished to any resident of a boarding or foster home. A cap of \$5 per month, per recipient has been set.

CASE MANAGEMENT

Amount, Duration, and Scope

- GA *A 07/92 (+) Georgia expanded targeted case management services to chronically mentally ill patients in Bulloch and Sumter counties.
- KS *A 10/92 (-) Kansas no longer covers HCBS waived case management under the HCBS MR/DD waiver. In order to expand case management services to ALL MR/DD individuals, targeted case management services will be covered when provided by approved community mental retardation centers.

- MD *A 09/92 (+) Maryland now covers case management services to pregnant substance abusing women.
- MT *A 10/92 (+) Montana implemented a primary care case management program for Medicaid AFDC recipients. Entitled "Passport to Health," the rules govern procedures, eligibility, enrollment, services subject to case management, provider requirements, and provider reimbursement.
- MT *A 01/92 (+) Montana implemented two pilot projects. The first allows Medicaid clients to direct their own personal care. The second allows case management teams to provide direct supervision of personal care attendants.
- OH *A 02/92 (+) Ohio now covers enhanced pregnancy services for all Medicaid-eligible women. These services include coordination and counseling/education on any topic (including nutrition) at any time during the pregnancy, a pre-delivery pediatric visit to encourage early and continuous primary care for children, and a nutrition intervention service to any pregnant woman who requires a "therapeutic diet during the antepartum and post-partum period." In addition, limits on the number of antepartum visits and counseling have been removed.
- OR *A 07/92 (+) Oregon established a targeted case management program, Babies First, the goal of which is to expand preventive services for all infants and preschoolers (birth through 3 years of age) who are at risk of poor health outcome. Services include management of non-medical services which address health, psychosocial, economic, nutritional, and other services. Home visits constitute a significant part of the service delivery. A number of medical and social risk factors are covered.
- OR *A 01/92 (+) Oregon expanded its HIV-Targeted Case Management Plan to all Medicaid-eligible clients in Multnomah County with symptomatic HIV disease and one or more risk factors which result in an inability to remain in a home environment without ongoing management of support services. Services in this program include management of non-medical services which address physical, psychosocial, nutritional, educational, and other needs. Home visits constitute a significant part of the services delivery.
- VA *A 03/92 (-) Virginia implemented managed care pilots at four geographic locations.

HOSPICE

Utilization Controls

- WA *A 04/92 () Washington hospice agencies must now notify the hospice coordinator within 5 working days of the first day of services provided to any hospice client or the claim will be denied. Also, consulting physician services at a hospice are now reimbursable when the hospice agency arranged for the services.

OTHER COMMUNITY-BASED LONG TERM CARE SERVICES

Amount, Duration, and Scope

- IA *A 05/92 (+) The Iowa General Assembly appropriated funds to establish and operate a 2-year AIDS and HIV insurance continuation assistance pilot program. The goal of the program is to maintain health insurance for persons who are diagnosed with AIDS or HIV-related illnesses when they become unable to maintain insurance coverage due to their illness.
- Only persons who are not eligible for Medicaid, including persons who must meet a spenddown under the medically needy program, are eligible for this program. Once Medicaid eligibility is attained, insurance premiums are paid in accordance with the provisions of the Health Insurance Premium Payment (HIPP) program for Medicaid-eligible persons. Persons eligible for this program must have an income of not more than 300 percent of the FPL for a household of the same size, and "liquid" resources of not more than \$10,000. Additionally, the person with AIDS or HIV must be the policyholder.
- IA *A 05/92 (+) Iowa now covers waiver services for clients meeting Medicaid eligibility criteria who, but for the waiver, would need ICF/MR services. These services include supported community living, home and vehicle modification, respite, supported employment, personal emergency response, nursing, and home health aide. Clients receive services based on individual need.
- KS *A 10/92 (-) Kansas has increased the number of respite homes available to MR/DD recipients. Temporary respite is limited to 260 hours, per recipient, per calendar year. Overnight respite is limited to 60 days, per recipient, per year. Emergency respite is limited to 120 hours per recipient.
- NY *A 01/92 (+) New York expanded its Home and Community-Based Waiver program for the mentally retarded and developmentally disabled to include service in all parts of the State. Eight additional services are now covered in the waiver. These are case management, residential habilitation, day habilitation, pre-vocational services, supported employment, respite care, environmental modifications, and adaptive technologies.

WI *A 07/92 (-) Wisconsin now limits reimbursement for adult medical day treatment services to those recipients 18 years or older.

Utilization Controls

NJ *A 11/92 (+) New Jersey no longer requires prior authorization for hospice services provided to Medicaid recipients under the AIDS Community Care Alternatives program.

REIMBURSEMENT FOR NON-INSTITUTIONAL SERVICES

GENERAL

- NV *A 12/92 (-) Nevada reduced reimbursement for all non-institutional provider services to 89 2/3 percent of their current unit values.
- PA *A 02/92 (+) Pennsylvania increased fees for selected maternity, pediatric, and other primary care services. These services include: office/home visits, general medical exams, deliveries, EPSDT screens, immunization injections, emergency room services hospital support components, Healthy Beginnings Plus program, refraction and exam, home health agencies, hospital outpatient clinics, independent medical clinics, and family planning clinics.
- WA *A 07/92 (+) Washington increased fees for most services by two percent. Excluded from this increase are evaluation/management services, EPSDT screenings, routine newborn care in the hospital, and services provided to children age 20 and younger.
- WV *D 01/92 (+) The West Virginia legislature enacted House Bill 210 to enhance Medicaid recipient access to health care services by increasing the amounts reimbursed to health care providers who deliver Medicaid-covered services.

In order to fund the enhanced reimbursement, a tax equal to the State's share of that reimbursement is levied on payments. The State matching rate and effective dates are as follows:

January 1, 1992 through September 30, 1992: 22.32 percent
October 1, 1992 through September 30, 1993: 23.71 percent

Excluded from the tax requirements are those services reimbursed on a cost or cost-related basis and those for which reimbursement currently is at the federally established upper limits. Those services include laboratory, durable medical equipment and supply, inpatient hospital, long-term care facilities, home health agencies, rural health clinics, FQHCs, and prescription drug.

ACUTE CARE

OTHER CLINIC SERVICES

- AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for the ambulatory surgical center program.
- AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for end stage renal disease facility services.

PHYSICIAN SERVICES

- AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for physician, lab, and x-ray services.
- CA *A 12/92 (-) California reduced reimbursement rates by 9.5 percent for surgery (excluding obstetrical care), anesthesia (excluding obstetrical care), and the professional component of radiology. Also, reimbursement of the markup on medical supplies will be reduced from 50 percent to 25 percent, excluding incontinence supplies, which will be reduced from 50 percent to 40 percent.
- FL *A 06/92 (+) Florida increased Medicaid reimbursement rates for deliveries and prenatal care to \$1,500 for a low risk pregnancy and to \$2,000 for a high-risk pregnancy.
- FL *A 01/92 (-) Florida reduced reimbursement for physician services by approximately 30 percent across the board, because of shortfalls in State revenues. Office visits, obstetrical services, and immunizations were excluded from the reduction.
- LA *A 05/92 (+) Louisiana increased family practice examinations to \$60.00.
- ME *D 05/92 (-) Maine decreased physician reimbursement across the board by 10 percent.
- NM *A 01/92 (+) New Mexico increased fees for office visits, therapies, pregnancy-related procedures, pelvic ultrasound, pregnancy/delivery services, dental restorations, extractions, and audiology function tests.
- OH *A 02/92 (+) Ohio increased rates for all obstetrical services, including delivery. Payment for an antepartum visit increased from \$20 to \$40. Providers now receive additional compensation for seeing recipients early in their pregnancies and for the extensive time involved in providing an initial antepartum visit. An initial visit provided during the first trimester may be reimbursed \$30, and an initial visit during the 15th to 36th week of pregnancy may be reimbursed an additional \$20. Antepartum, postpartum, and pre-delivery pediatric visits will be reimbursed at 80 percent of the stated amount when performed in an outpatient hospital setting.
- TN *A 03/92 (+) Tennessee now reimburses orthopedic specialists directly for certain orthotic supplies.

NURSE PRACTITIONER, MIDWIFE, PHYSICIAN EXTENDER SERVICES

- AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for certified registered nurse anesthetist, nurse/midwife, and nurse practitioner services.

OPTOMETRIST SERVICES

- GA *A 04/92 (+) Georgia changed the reimbursement structure for vision services to the Resource-Based Relative Value Scale (RBRVS), physician's Medicare Fee Schedule for Georgia, area 01-Atlanta. They also increased to \$16/unit the rate for fitting and dispensing eyeglasses.
- NV *A 12/92 (-) Nevada reduced reimbursement for all optometry and optician/optical services to 89 2/3 percent of their current unit values.
- PA *A 02/92 (+) Pennsylvania increased fees for vision services.

DENTIST SERVICES

- AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for the Dental Services program.
- CO *A 10/92 (+) Colorado increased to \$45 the maximum reimbursement rate for prefabricated stainless steel crowns for a primary tooth.
- GA *A 01/92 (+) Georgia increased the limit on dental services from \$150 to \$300 per recipient, per provider, per calendar year. Also, root canal therapy is now available only to recipients under 21 years of age; prior authorization is required.
- NM *A 01/92 (+) New Mexico increased fees for office visits, therapies, pregnancy-related procedures, pelvic ultrasound, pregnancy/delivery services, dental restorations, extractions, and audiology function tests.
- PA *A 02/92 (+) Pennsylvania increased fees for dental services and also instituted reimbursement for intravenous sedation and management fees for clients with developmental disabilities which present a treatment obstacle for the dentist.
- WI *A 07/92 (+) Wisconsin increased reimbursement for dental procedures to 67 percent of the average charges billed for each procedure code.

PODIATRIST SERVICES

- AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for podiatry services.

CHIROPRACTOR SERVICES

- AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for chiropractic services.

PHYSICAL THERAPY SERVICES

NM *A 01/92 (+) New Mexico increased fees for office visits, therapies, pregnancy-related procedures, pelvic ultrasound, pregnancy/delivery services, dental restorations, extractions, and audiology function tests.

OCCUPATIONAL THERAPY SERVICES

AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for occupational, physical, and speech therapy services.

SPEECH, HEARING AND LANGUAGE THERAPY SERVICES

AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for the Hearing Services program.

ME *A 06/92 (+) Maine increased reimbursement for audiology services and deleted restrictions on reimbursement of audiology services provided in school settings.

ME *A 02/92 (+) Maine eliminated restrictions on reimbursement for speech pathology services provided in school settings, and increased reimbursement for all speech pathology services.

NM *A 01/92 (+) New Mexico increased fees for office visits, therapies, pregnancy-related procedures, pelvic ultrasound, pregnancy/delivery services, dental restorations, extractions, and audiology function tests.

PSYCHOLOGIST SERVICES

AL *A 01/92 (+) Alabama has separated psychiatric hospitals into a new group of hospitals for Medicaid rate calculation purposes. The per diem rate computation for inpatient psychiatric hospitals which provide services to children under age 21 will reflect an Administrative and General ceiling and an overall 60th percentile ceiling. Psychiatric hospitals will continue to be subject to the low occupancy adjustment.

AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for psychology services.

GA *A 07/92 () Georgia adopted Medicare's Resource-Based Relative Value Scale (RBRVS) Atlanta procedure code rate for all psychologist/psychiatric services.

PA *A 05/92 (+) Pennsylvania increased fees for psychiatric partial hospitalization programs.

LAB AND X-RAY SERVICES

- AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for physician, lab, and x-ray services.
- AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for portable x-rays.
- CA *A 12/92 (-) California reduced reimbursement rates by 9.5 percent for surgery (excluding obstetrical care), anesthesia (excluding obstetrical care), and the professional component of radiology. Also, reimbursement of the markup on medical supplies will be reduced from 50 percent to 25 percent, excluding incontinence supplies, which will be reduced from 50 percent to 40 percent.
- GA *A 07/92 (+) Georgia increased clinical lab services by 4.3 percent, not to exceed the Medicare maximum allowable.

PRESCRIBED DRUGS

- WI *A 07/92 (-) Wisconsin now limits reimbursement for all covered over-the-counter (OTC) drugs except insulin and ophthalmic lubricants to generic price limits for generic OTCs.

FAMILY PLANNING SERVICES

- CT *A 12/92 (+) Connecticut increased the fee for the Norplant system kit from \$350 to \$365.
- GA *A 01/92 (+) Georgia approved a seven percent increase for all family planning procedures, with the exception of the Norplant system, which has been increased to \$365 for the kit, \$120 for implantation, and \$68 for removal.

EPSDT SERVICES

- AL *A 01/92 (+) Alabama has separated psychiatric hospitals into a new group of hospitals for Medicaid rate calculation purposes. The per diem rate computation for inpatient psychiatric hospitals which provide services to children under age 21 will reflect an Administrative and General ceiling and an overall 60th percentile ceiling. Psychiatric hospitals will continue to be subject to the low occupancy adjustment.
- AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for the EPSDT program.
- NV *A 12/92 (-) Nevada reduced reimbursement to 89 2/3 percent of their current unit values for all EPSDT services.

TRANSPORTATION SERVICES

- AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for transportation services.
- GA *A 07/92 (+) Georgia increased rates for emergency ambulance services to \$100 for a one-way base rate and \$107 for a round-trip base rate. A one-way base rate of \$130 has been set for Advanced Life Support (ALS) services.
- NV *A 12/92 (-) Nevada reduced reimbursement to 89 2/3 percent of their current unit values for all ambulance services.
- NY *A 07/92 () New York changed reimbursement policy for neonatal ambulance transportation services between community hospitals and Regional Perinatal Centers. It is now the responsibility of the Regional Perinatal Center to arrange for all necessary ambulance services. The Center will then be reimbursed by Medicaid directly.
- NC *A 04/92 (+) North Carolina now reimburses ground and air providers of transportation directly. The service must be a State-to-State placement in a non-emergency situation, and requires prior approval.

SUBSTANCE ABUSE SERVICES

- MI *A 05/92 () Michigan no longer includes substance abuse treatment services in the Medicaid capitation payment to HMOs and Clinic Plans. The State now pays the Substance Abuse Treatment programs directly for services rendered to Medicaid clients. Providers must continue to obtain prior authorization for intensive outpatient treatment (IOP) through the Regional Substance Abuse Coordinating Agencies.

EYEGLASSES

- AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for visual services.

DURABLE MEDICAL EQUIPMENT AND SUPPLIES

- CA *A 12/92 (-) California reduced reimbursement rates by 9.5 percent for surgery (excluding obstetrical care), anesthesia (excluding obstetrical care), and the professional component of radiology. Also, reimbursement of the markup on medical supplies will be reduced from 50 percent to 25 percent, excluding incontinence supplies, which will be reduced from 50 percent to 40 percent.

OR *A 04/92 () Oregon amended reimbursement procedures for home IV training initiated in a hospital setting. This training is now considered part of the hospital DRG and will not be paid separately. Also, prior authorization is now needed for parenteral infusion pumps (as well as enteral or IV) and documentation is needed to show other non-pump methods of delivery are not acceptable.

LONG TERM CARE SERVICES

HOME HEALTH SERVICES

AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for home health services.

ID *A 08/92 (+) Idaho increased the rates for home health visits as follows:

skilled nursing visit	- \$ 78.46
physical therapy visit	- \$ 96.85
occupational therapy visit	- \$108.10
home health aide visit	- \$ 34.98

MO *A 07/92 (+) Missouri increased the reimbursement for aide services in the Medicaid Homemaker/Chore program from \$8.96 to \$9.11 per unit.

NV *A 12/92 (-) Nevada reduced reimbursement to 95 percent of their current unit values for all home health agency providers.

WI *A 07/92 () Wisconsin changed reimbursement calculations for home health services. The reimbursement will now be based on the lesser of the usual and customary fee or a maximum allowable fee per visit, instead of contracted rates based on a combination of visits and hours. A visit begins when a provider enters the residence and ends when he leaves.

PERSONAL CARE SERVICES

AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for private duty nursing services.

ID *A 07/92 (+) Idaho increased the weighted average hourly rates for personal care services as follows:

	Independent	Agency
PC assessment, client evaluation and care of plan implementation (requires prior auth.)	\$84.28	\$90.88
RN Supervisor Visit	\$21.07	\$22.15
Hourly Rate	\$ 7.08	\$ 9.00
24 hour, 1 client	\$44.35	\$46.77
24 hour, 2 clients (each)	\$32.58	\$39.88

MO *A 07/92 (+) Missouri increased reimbursement rates for some nursing services. The hourly rate for RN services increased from \$21 to \$22; the hourly rate for LPN services increased from \$15 to \$18. A supervisory nurse visit, which must be prior authorized, will be paid at the agency's home health per diem rate. All Medicaid home health visits are reimbursed at the lower of either the provider's billed charge, the provider's Medicare rate, or the Medicaid maximum allowable, currently \$57.37.

NV *A 12/92 (-) Nevada reduced reimbursement to 95 percent of their current unit values for all personal care aide providers.

CASE MANAGEMENT

GA *A 07/92 (+) Georgia increased reimbursement rates for case management to \$127 for start-up services and to \$110 for ongoing services.

KY *A 07/92 (+) Kentucky increased the reimbursement rate for targeted case management. The new maximum for the adult's program is \$250.00 and for the children's program is \$300.

OTHER COMMUNITY-BASED LONG TERM CARE SERVICES

AZ *A 10/92 (+) Arizona increased the home and community-based services cap from 25 percent to 30 percent.

MO *A 07/92 (+) Missouri increased the reimbursement rate from \$27 to \$32 for adult day health care services provided in free-standing facilities. The rate for half days (3-5 hours) is \$16.

MO *A 07/92 (+) Missouri increased the reimbursement rate for respite care from \$35.00 to \$40.00 per block unit (a period of time from 9 to 12 hours). Also, a 1-hour unit at a rate of \$6.11 has been added to the respite program for 8 hours or less.

REIMBURSEMENT FOR INSTITUTIONAL SERVICES

ACUTE CARE

INPATIENT HOSPITAL CARE

ID *A 01/92 (+) Idaho increased the swing-bed payment rate for Medicaid clients to \$84.32 per day, and increased the daily rate for administratively necessary days to \$66.34.

KS *A 10/92 (+) Kansas will now reimburse transferring hospitals at outlier payments when the length of stay is greater than the DRG day or cost outlier.

KY *A 01/92 (+) Kentucky Medicaid has revised the maximum reimbursement rate for out-of-State hospitals in accordance with the per diem amount for a Kentucky hospital of comparable bed size. The rates are as follows:

Bed Size	Out-of-State Hospital Max. Per Diem Rate	Out-of-State Disproportionate Share Rate
0- 50	\$437.66	\$481.43
51-100	\$479.63	\$527.59
101-200	\$505.72	\$556.29
201-400	\$560.72	\$616.79
400+	\$642.12	\$706.33

NV *A 01/92 () Nevada established the following prospective reimbursement rates for hospitals:

Service	Rate
Newborn: 1-3 day stay	\$ 270.00
4 or more day stay	\$ 975.00
Maternity: 1-3 day stay	\$1,320.00
4 or more day stay	\$3,515.00
Med/surgical: 1- 5 day stay	\$2,545.00
6-10 day stay	\$5,665.00
11-15 day stay	\$9,550.00
Per diem	\$ 675.00

NM *A 09/92 (+) New Mexico implemented a payment adjustment for indirect medical education for teaching hospitals.

VT *A 12/92 (-) Vermont has proposed changing the basis for inpatient hospital reimbursement from a charge basis to a cost basis.

WI *A 07/92 (-) Wisconsin reduced by 15 percent the inpatient capital costs for both Wisconsin and border status hospitals. Also, the capital portion of the outpatient rate per visit is now reduced by 10 percent.

OUTPATIENT HOSPITAL SERVICES

AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for outpatient hospital and emergency hospital services.

MI *A 10/92 (+) Michigan modified the reimbursement policy for outpatient hospital services. In addition to the regular indigent volume and direct education adjustments normally included as part of the fee screen based payments, eligible hospitals will receive a proportional share of a special indigent pool. The pool will be distributed in periodic payments between Oct. 1, 1992 and Sept. 30, 1993 and allocations will be based on each hospital's estimated Medicaid outpatient payments during State fiscal year 1993.

To be eligible, hospitals must have an outpatient indigent volume ratio of at least 35 percent and have reported at least \$6,000,000 in charges for services to indigent patients in the outpatient setting. The special payments made under this provision will be exempt from outpatient hospital charge and cost limits.

WI *A 07/92 (-) Wisconsin reduced by 15 percent the inpatient capital costs for both Wisconsin and border status hospitals. Also, the capital portion of the outpatient rate per visit is now reduced by 10 percent.

HOSPITAL EMERGENCY ROOM SERVICES

AR *A 07/92 (-) Arkansas reduced by 20 percent the maximum allowable reimbursement rate for outpatient hospital and emergency hospital services.

LONG TERM CARE SERVICES

NURSING FACILITY SERVICES

CA *A 08/92 (-) California Medicaid adopted new criteria for placing Medi-Cal clients in a distinct part nursing facility (DP/NF). Recipients must meet one of the following criteria for DP/NF admission.

1. There is no FS/NF within a 30-minute drive of the client's established residence and the DP/NF is closer.
2. At time approval is sought, the client is residing in the DP/NF and has been there for at least 120 consecutive days, and payment has been made or approved during that time by Medicare, other health insurance, or Medi-Cal at the DP/NF rate.

3. There is at least one FS/NF within a 30-minute drive, but after reasonable placement efforts, none is able and willing to accept the client and the DP/NF is closer than the closest FS/NF willing to accept the client.
4. There is no FS/NF within 30 minutes actual travel time of the established residence address of the immediate family member who certifies they are the one most frequently visiting and helping with the personal needs of the client.
5. The immediate family member mentioned above cannot because of health reasons travel to a FS/NF within the 30 minute travel time, but can travel to the DP/NF.

The above criteria do not apply to clients requiring short-term NF care for post surgical, rehabilitative, or therapy services; when the client's attending physician substantiates that transfer to a FS/NF would cause specific physical or psychological harm to the client; or the client has a spouse residing in the same DP/NF.

FL *A 01/92 (+) Florida authorized an adjustment in nursing home rates to reflect all allowable costs, subject to cost-based class ceilings, as determined using cost reports ending in State fiscal year 1990-91.

ME *B 02/92 (-) Maine proposed eliminating the quarterly increases for inflation in the administration allowance paid to cost-reimbursed boarding homes.

MD *A 01/92 (+) Maryland created two distinct levels of communicable disease care. Level 1 is reimbursable for patients in beds which are licensed for comprehensive care only. Level 2 is reimbursable for patients in beds which are licensed for comprehensive care AND licensed as acute or special hospital beds. The reimbursement rates are as follows:

	Level 1	Level 2
Baltimore Metropolitan	\$72.72	\$123.22
Washington Metropolitan	76.37	129.40
Non-Metropolitan	66.74	113.09
Central	71.47	121.11
Western Maryland	62.29	105.55

MD *A 01/92 (+) Maryland implemented a retrospective cost settlement in NFs, which will recover the difference between the payment rate and the provider's cost from any provider with nursing service expenditures which are less than the payment. In addition to their cost, providers will retain payment incentives (2, 3, or 4 percent) included in the rates for serving patients with heavier care requirements, plus 50 percent of the incentive amount--their costs plus an average of \$1.02 per day, depending on their region and patient--up to the amount of the prospective rate.

- MT *A 07/92 (+) Montana increased nursing facility reimbursement for State fiscal year 1993. The increase based rate formula components to more current cost report data and adjusted rate formula components, percentages, and caps.
- NE *A 07/92 (+) Nebraska implemented a case-mix reimbursement system for nursing facility services.
- NV *A 10/92 (+) Nevada changed its reimbursement policy on commercial transportation services for residents of nursing facilities in Clark, Washoe, Carson City, and Churchill counties only. Nursing facilities will now be responsible for the cost of transporting recipients to and from all off-site medical appointments. A temporary add-on to the nursing facility rate will be provided to compensate the facilities for this service. The temporary add-on amount to the per diem rate is \$0.14 for the intermediate level of care and \$0.28 for the skilled level of care. The add-on includes the cost of a facility attendant when necessary for the security or comfort of the patient. Medicaid will continue to pay ambulance services separately for emergency transportation and medically necessary ambulance transportation.
- ND *A 01/92 (+) North Dakota increased payment for swing beds to \$66.51 per day. The rate is calculated from the average rate paid per patient day in all nursing facilities other than ICF/MR for routine services furnished during the previous calendar year.
- WV *A 10/92 (+) West Virginia now reimburses nursing facilities at the established per diem rate for reserve bed days during a resident's temporary absence, provided the facility's occupancy rate is greater than 95 percent and the facility has a waiting list for admissions.

A bed may be reserved for up to 12 days in a calendar year for a resident who is admitted to an acute care hospital for services that only can be provided on an inpatient basis, who is expected to return to the facility, and whose stay is 24 hours or greater.

A bed may be reserved for up to 6 days in a calendar year for therapeutic leave when it is included in the resident's plan of care.

ALTERNATIVE SERVICE DELIVERY/PROGRAM MANAGEMENT

ACUTE CARE

- AK *A 05/92 (-) Alaska implemented the Primary Care program, for recipients who over-utilize services and/or prescriptions. These recipients are restricted to using a designated physician, dentist, or pharmacist. Initially, the program is focusing on drug utilization.
- IA *D 10/92 (+) The Iowa General Assembly appropriated funds to establish and operate a 2-year AIDS and HIV insurance continuation assistance pilot program. The goal of the program is to maintain health insurance for persons who are diagnosed with AIDS or HIV-related illnesses when they become unable to maintain insurance coverage due to their illness. Only persons who are not eligible for Medicaid, including persons who must meet a spenddown under the Medically Needy program, are eligible for this program. Once Medicaid eligibility is attained, insurance premiums are paid in accordance with the provisions of the Health Insurance Premium Payment (HIPP) program for Medicaid-eligible persons. Persons eligible for this program must have an income of not more than 300 percent of the FPL for a household of the same size, and "liquid" resources of not more than \$10,000. Additionally, the person with AIDS or HIV must be the policyholder.
- MD *A 12/92 (+) Maryland extended the Maryland AIDS Insurance Assistance Program (MAIAP) until June 30, 1994, with some amendments. MAIAP will now cover all individual and group health insurance plans of MAIAP eligibles; and require as a MAIAP eligibility condition the application for group health plans, if available, before individual health plans and a cost effectiveness determination. Other amendments alter the age limitation from 21 to 18 years of age and state that a determination of disabled by the Social Security Administration meets the medical certification eligibility requirement.
- MA *A 12/92 (+) Massachusetts has established a contractual program with chronic disease and rehabilitation hospitals to provide managed care services to inpatient Medicaid recipients. The hospitals will be paid a per diem rate for each inpatient recipient. Reimbursement will be made retrospectively on a monthly basis. Contracted hospitals will have the responsibility to provide or arrange and pay for ALL medical care except acute inpatient hospital services.
- MA *A 09/92 (-) Massachusetts has begun to implement a managed care program, entitled MassHealth/Managed Care for Medicaid recipients to improve quality of care, increase access to primary care, and help control Medicaid program costs. All clients who participate in the program will choose either a health maintenance organization (HMO), or a Medicaid provider who signs a contract agreeing to be a primary care clinician (PCC). The types of providers eligible to

be PCCs are physicians who have a primary care practice, group practice organizations, independent nursing practitioners, community health centers, or acute hospital outpatient departments. PCCs receive a higher fee for primary and preventive care.

- MA *A 09/92 (+) Massachusetts has expanded benefits for Medicaid recipients who exhaust their HMO's standard benefit level within a calendar year for mental health visits and alcohol/substance abuse outpatient counseling. When the benefit level has been exhausted, an evaluation by the HMO must be done to determine whether services beyond the benefit level are necessary. All covered services determined to be medically necessary must then be provided by the HMO. Included in these services are acupuncture detoxification, methadone dosing, and methadone counseling.
- NV *A 04/92 (-) Nevada Medicaid is contracting with NevadaCare to provide managed care to Medicaid recipients who voluntarily enroll in the program. NevadaCare will be reimbursed on a pre-paid capitation basis for the services of physicians, pharmacies, laboratories, and radiology.
- VT *A 06/92 (+) Vermont expanded its Dr. Dynasaur program to cover children until their 18th birthday and eliminated the sliding scale copayment for services rendered. This program was subsequently incorporated in Medicaid.

LONG TERM CARE

- GA *A 05/92 (+) Georgia implemented a home and community-based waiver program for disabled adults 21 years or older who would otherwise require institutionalization. The program was designed for individuals with significant disabilities who are medically stable but are in or at risk of hospital or nursing home placement. The program services individuals who have physical impairments which substantially limit one or more activities of daily living (ADLs) and require assistance from another individual. Covered services include case management, homemaker, personal care, environmental modifications, skilled nursing, specialized medical equipment and supplies, transportation, emergency response systems, counseling, occupational therapy, and companion services. This service is offered in the Atlanta, Albany, Columbus, Savannah, and Augusta areas.
- MD *A 09/92 (+) Maryland implemented certain revisions of the Home and Community-Based Waiver for the Developmentally Disabled as follows. Community supported living arrangements (CSLA) services were added as an alternative model of residential rehabilitation services. Intensive behavior management was added as a new waiver-covered service. Waiver eligibility was expanded to developmentally disabled individuals who are not mentally retarded, if they are being discharged or diverted from chronic care or nursing facility beds at the State hospitals of Western Maryland Center or Deers Head Center. The list of professionals authorized

to approve a waiver participant's plan of care was expanded to include a physician, physician's assistant or nurse practitioner, registered nurse, licensed psychologist, licensed social worker, or a service coordinator who is a qualified developmental disabilities professional.

- MD *A 09/92 (+) Maryland implemented a second waiver program entitled Home and Community-Based Waiver Program for Persons with Developmental Disabilities Currently Residing in Nursing Facilities. This waiver is intended to provide home and community-based services as an alternative to institutionalization for developmentally disabled individuals residing in nursing facilities, who are identified as being inappropriately placed because they are in need of active treatment. The provider requirements, covered services, and reimbursement methodology for this waiver are the same as for the Mental Retardation Waiver.
- SC *A 04/92 (+) South Carolina has implemented a home and community-based waiver that serves clients with mental retardation or related disabilities. Services are authorized by the Department of Disabilities and Special Needs (DDSN). Admission to the waiver is limited and is now available in 40 counties; additional counties will be added as staff training is completed. Waiver participants remain eligible for regular Medicaid services, some not otherwise available under Medicaid, to help them live in the community rather than in an institution. These services include: private duty nursing, personal care aides, physical and occupational therapy, speech, language, audiological, durable medical equipment, psychological, pharmaceutical, habilitation services, environmental modifications, respite care, home maker, and home nursing care.

OTHER APPROACHES

- AL *A 10/92 (+) Alabama expanded the Alabama Medicaid Freedom of choice Maternity Waiver into Chilton, Colbert, Franklin, Lauderdale, and Winston Counties. All pregnancy-related services provided to women residing in these counties must be provided by and/or coordinated through specified providers.
- The Maternity Waiver program is designed to provide a coordinated and managed system of total obstetrical care. Provided services include prenatal, delivery, hospitalization, and postpartum care.
- AL *A 07/92 (+) Alabama expanded the Alabama Medicaid Freedom of Choice Maternity Waiver into Perry, Conecuh, Choctaw, Marengo, Dallas, Wilcox, Lamar, Fayette, Clarke, and Washington Counties. All pregnancy-related services provided to women residing in these counties must be provided by and/or coordinated through specified providers.

The Maternity Waiver program is designed to provide a coordinated and managed system of total obstetrical care. Provided services include prenatal, delivery, hospitalization, and postpartum care.

- AL *A 04/92 (+) Alabama expanded the Alabama Medicaid Freedom of Choice Maternity Waiver into Marion and St. Clair Counties. All pregnancy-related services provided to women residing in these counties must be provided by and/or coordinated through specified providers.

The Maternity Waiver program is designed to provide a coordinated and managed system of total obstetrical care. Provided services included prenatal, delivery, hospitalization, and postpartum care.

- CO *A 04/92 (+) Colorado has implemented a substance abuse assessment and treatment program for pregnant women called the Special Connections program. Focusing on the special needs of pregnant women, the program has four goals:

1. to produce a healthy infant from the pregnancy;
2. to reduce or stop the substance abusing behavior of the pregnant woman during and after the pregnancy;
3. to maintain the family unit; and,
4. to promote and assure a safe child rearing environment for the newborn and other children in the family.

The program offers an in-depth assessment and an individualized intensive treatment regimen consisting of education, group and individual counseling, and case management.

Acceptance into the program is based on the findings of the screening assessment. The program is accepted as a Medicaid program benefit if the screening criteria are met. Women who are not Medicaid-eligible may obtain program services on a sliding fee-for-service scale.

- NJ *A 07/92 (+) New Jersey implemented a new waiver program, titled the ABC program, which helps eligible children to remain in the community or to return to the community rather than be cared for in a nursing facility or hospital setting. The waiver has slots for 300 children and is in effect for 3 years with a 5-year renewal option.

To be eligible, children must be in need of institutional care and meet, at a minimum, Medicaid nursing facility criteria. Children through the age of 21 who are under the care and supervision of the Division of Youth and Family Services (DYFS), whether in their own homes, with extended family, or in DYFS placements, will be served.

In addition to all regular Medicaid services except nursing facility care, the special services provided under this waiver include case management, homemaker services, respite care, environmental modifications, specialized medical equipment and supplies, private duty nursing, specialized nutrition, pediatric hospice, special home service provider supervision, transportation, specialized group foster care homes, and non-legend drugs.

OR *A 01/92 (+) Oregon expanded its HIV-Targeted Case Management Plan to all Medicaid-eligible clients in Multnomah County with symptomatic HIV disease and one or more risk factors which result in an inability to remain in a home environment without ongoing management of support services. Services in this program include management of non-medical services which address physical, psychosocial, nutritional, educational, and other needs. Home visits constitute a significant part of the services delivery.

APPENDIXES

Appendix I:	Central and Regional Office spDATA Specialists	A-3
Appendix II:	State Medicaid Directors	A-5
Appendix III:	Where to Find Additional Medicaid Data	A-10
Appendix IV:	List of Services Covered by Medicaid	A-12
Appendix V:	Abbreviations Used in This Report	A-14
Appendix VI:	State Abbreviations	A-17
Appendix VII:	Federal Medical Assistance Percentages (FMAP)	A-18
Appendix VIII:	References	A-20
National Technical Information Service (NTIS) Order Form		A-23

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APPENDIX III: WHERE TO RECEIVE ADDITIONAL MEDICAID DATA

Readers may also find the following HCFA publications useful:

Medicaid Statistics offers statistical data in three sections: a national summary, program statistics, and financial statistics. The majority of the data was compiled from information contained in the HCFA-2082 report and the HCFA-64 report. The HCFA-2082 is an annual report which collects State-reported data on Medicaid recipients and expenditures for the fiscal year. The HCFA-64 is a quarterly statement of each State's Medicaid expenditures and captures the actual expenditures for which States are entitled to Federal reimbursement. This publication includes data on:

- o Recipients of Medicaid services by eligibility category, demographic characteristics, and type of service;
- o Medicaid vendor payments by recipient eligibility category, demographic characteristics, and by type of service;
- o Medicaid service and provider payment data;
- o Medicaid services provided under the EPSDT program;
- o Third party liability (TPL) collections;
- o State and Federal shares of Medicaid program expenditures by service type;
- o State and Federal shares of Medicaid administrative expenditures by type of expenditure; and
- o Drug utilization and rebate program data.

To order this publication contact:

Statistical Analysis Branch
HCFA:Medicaid Bureau:OMM:DPP
Room 273 East High Rise Building
6325 Security Boulevard
Baltimore, MD 21207-5187
Telephone: (410) 966-3397

The *Health Care Financing Review* is published quarterly by HCFA's Office of Research and Demonstrations (ORD). A subscription includes four quarterly issues and an annual supplement. The quarterly issues include:

- o Current statistics and projections on national health care costs and expenditures;
- o International data, comparisons, and trends;
- o Reports by economic experts on Medicaid and Medicare funding changes;
- o Research articles on health care financing and delivery systems, prospective payment approaches, long-term care options, utilization and coverage issues, and quality of care;

APPENDIX III (continued)

- o Updates on new legislation and changes to existing laws that affect Medicaid and Medicare policy;
- o Summaries of research and demonstration projects being funded by HCFA; and
- o Announcements of new developments and programs, conferences, and publications.

The annual supplement is an overview of the Medicaid and Medicare programs which features trends on enrollees, recipients, use of services, expenditures, and descriptions of various aspects of the two programs.

To subscribe to *The Health Care Financing Review* send a check or money order--\$19.00 per year, domestic; \$23.75 foreign--to Superintendent of Documents, P.O. Box 371954, Pittsburgh, Pennsylvania 15250-7954.

For additional Medicaid program data from the HCFA-2082 report, Medicaid Statistical Information System (MSIS), and data in electronic format, contact:

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APPENDIX IV: LIST OF SERVICES COVERED BY MEDICAID

The following is a list of services which may be covered by State Medicaid Programs -- each service is preceded by its spDATA Service Code Number. This number may be used to extract information on covered services in the spDATA System. Services are listed in the order organized by the Medicaid State plan.

- (010) INPATIENT HOSPITAL
- (030) OUTPATIENT HOSPITAL
- (070) RURAL HEALTH CLINIC
- (110) FEDERALLY QUALIFIED HEALTH CENTERS
- (130) LABORATORY AND X-RAY
- (051) NURSING FACILITY (21 OR OLDER)
- (390) EPSDT
- (410) FAMILY PLANNING AND SUPPLIES
- (151) PHYSICIAN SERVICES - SERVICES OF DOCTOR
- (152) PHYSICIAN SERVICES - MEDICAL/SURGICAL SERVICES OF A DENTIST
- (170) OTHER LICENSED PRACTITIONERS
 - (171) PODIATRISTS
 - (172) OPTOMETRISTS
 - (173) CHIROPRACTORS
 - (174) PSYCHOLOGISTS
 - (175) MEDICAL SOCIAL WORKERS
 - (176) NURSE ANESTHETISTS
 - (189) OTHER LICENSED PRACTITIONERS, OTHER
- (231) HOME HEALTH SERVICES - NURSING
- (232) HOME HEALTH SERVICES - HOME HEALTH AIDE
- (233) HOME HEALTH SERVICES - MEDICAL SUPPLIES, EQUIPMENT, AND APPLIANCES
- (234) HOME HEALTH SERVICES - PHYSICAL THERAPY
- (235) HOME HEALTH SERVICES - OCCUPATIONAL THERAPY
- (236) HOME HEALTH SERVICES - SPEECH PATHOLOGY/AUDIOLOGY
- (210) PRIVATE DUTY NURSING SERVICES
- (080) CLINIC SERVICES
 - (081) MATERNAL AND CHILD HEALTH (PHS AND TITLE V)
 - (082) MENTAL HEALTH
 - (083) ALCOHOL AND SUBSTANCE ABUSE
 - (084) BIRTHING CENTER
 - (085) AMBULATORY SURGICAL CENTER
 - (086) END STAGE RENAL DISEASE
 - (087) MR/DAY TREATMENT
 - (095) CLINIC SERVICES, OTHER
- (260) DENTAL SERVICES
- (290) PHYSICAL THERAPY AND RELATED SERVICES
 - (291) PHYSICAL THERAPY
 - (292) OCCUPATIONAL THERAPY
 - (293) SPEECH DISORDERS
 - (294) HEARING DISORDERS
 - (295) LANGUAGE DISORDERS
- (310) PRESCRIBED ITEMS
 - (311) PRESCRIBED DRUGS
 - (312) DENTURES
 - (313) PROSTHETIC DEVICES
 - (314) EYEGLASSES

APPENDIX IV (continued)

- (350) OTHER PROFESSIONAL SERVICES
 - (351) DIAGNOSTIC SERVICES
 - (352) SCREENING SERVICES
 - (353) PREVENTIVE SERVICES
 - (354) REHABILITATIVE SERVICES
- (021) IMD INPATIENT HOSPITAL (65 OR OLDER)
- (053) IMD NURSING FACILITY (65 OR OLDER)
- (060) INTERMEDIATE CARE FACILITY/MENTALLY RETARDED
- (022) INPATIENT PSYCHIATRIC (UNDER 21)
- (220) NURSE MIDWIFE
- (120) HOSPICE CARE
- (450) TARGETED CASE MANAGEMENT SERVICES
 - (451) TARGETED CASE MANAGEMENT - UNDER 21
 - (452) TARGETED CASE MANAGEMENT - CHRONICALLY MENTALLY ILL
 - (453) TARGETED CASE MANAGEMENT - PREGNANT WOMEN
 - (454) TARGETED CASE MANAGEMENT - AIDS
 - (455) TARGETED CASE MANAGEMENT - HIV POSITIVE
 - (456) TARGETED CASE MANAGEMENT - DEVELOPMENTALLY DISABLED
 - (461) TARGETED CASE MANAGEMENT - OTHER
- (480) PRESUMPTIVE ELIGIBILITY AMBULATORY PRENATAL CARE
- (490) RESPIRATORY CARE
- (191) CERTIFIED PEDIATRIC NURSE PRACTITIONER
- (192) CERTIFIED FAMILY NURSE PRACTITIONER
- (510) OTHER CARE RECOGNIZED BY STATE LAW
 - (511) TRANSPORTATION
 - (512) CHRISTIAN SCIENCE NURSES
 - (513) CHRISTIAN SCIENCE SANATORIALS
 - (052) NURSING FACILITY SERVICES (UNDER 21)
 - (515) EMERGENCY HOSPITAL SERVICES
 - (516) PERSONAL CARE SERVICES
 - (521) OTHER CARE RECOGNIZED BY STATE LAW, OTHER
- (540) TRANSPLANT SERVICES
 - (541) BONE MARROW
 - (542) CORNEA
 - (543) HEART
 - (544) LIVER
 - (545) LUNG
 - (546) PANCREAS
 - (547) KIDNEY
 - (549) TRANSPLANT SERVICES, OTHER

APPENDIX V - ABBREVIATIONS USED IN THE spDATA REPORTS

AABD . . .	Aid to the Aged, Blind, or Disabled (title XVI).
AB	Aged and Blind
ADL	Activities of Daily Living
AEVCS . .	Automated Eligibility Verification and Claims Submission
AFDC . . .	Aid to Families with Dependent Children
AHCCCS .	Arizona Health Care Cost Containment System
AIDS	Acquired Immune Deficiency Syndrome
ALS	Advanced Life Support
APTD . . .	Aid to the Permanently and Totally Disabled
ARNP . . .	Advanced Registered Nurse Practitioner Program
BDMS . . .	Bureau of Data Management and Strategy
BEI	Budget Estimating Initiative
BLL	Blood Lead Level
CAT	Categorically Needy
CFR	Code of Federal Regulations
COLA . . .	Cost of Living Adjustment
COBRA . .	Consolidated Omnibus Budget Reconciliation Act of 1985
CNMI . . .	Commonwealth of the Northern Mariana Islands
CPAP	Continuous Positive Airway Pressure
CPI	Consumer Price Index
CPR	Customary, Prevailing, and Reasonable Charge
CPT	Current Procedural Terminology
CSLA	Community Supported Living Arrangements
DP/NF . . .	Distinct Part/Nursing Facility
DPP	Division of Program Performance
DRGs . . .	Diagnosis-Related Group
DRI	Data Resources, Inc.
DSH	Disproportionate Share Hospital
DSP	Disproportionate Share Payments
DUR	Drug Utilization Review
DYFS	Division of Youth and Family Services
EP	Erythrocyte Protoporphyrin
EAC	Estimated Acquisition Cost
EPSDT . . .	Early and Periodic Screening, Diagnostic and Treatment
FBR	Federal Benefit Rate
FFP	Federal Financial Participation
FFS	Fee for Service
FMAP . . .	Federal Medical Assistance Percentage
FPL	Federal Poverty Level
FQ	Federally Qualified
FQHC . . .	Federally Qualified Health Center
FS/NF . . .	Free-Standing Nursing Facility
FUL	Fully Capitated
FY	Fiscal Year
GYN	Gynecologist
HCBS	Home and Community-based Services
HCBSW . .	Home and Community-based Services Waiver
HCFA . . .	Health Care Financing Administration

APPENDIX V (continued)

HDC	HCFA Data Center
HHS	Department of Health and Human Services
HI	Hospital Insurance (Medicare Part A)
HIO	Health Insuring Organization
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
ICF	Intermediate Care Facility
ICF/MR . .	Intermediate Care Facility for the Mentally Retarded
IMD	Institute for Mental Diseases
IOP	Intensive Outpatient Treatment
LPN	Licensed Practical Nurse
LTC	Long-term Care
MAC	Maximum Allowable Cost
MAIAP . .	Maryland AIDS Insurance Assistance Program
MAP	Medical Assistance Percentage
MB	Medicaid Bureau
MCCA . . .	Medicare Catastrophic Coverage Act
MCH	Maternal and Child Health
MED	Medically Needy
MMCO . .	Medicaid Managed Care Office
MMIS . . .	Medicaid Management Information System
MNIL	Medically Needy Income Level
MRI	Magnetic Resonance Imaging
MSFMC . .	Mid-South Foundation
MSIS	Medicaid Statistical Information System
NF	Nursing Facility
NGA	National Governors' Association
NP	Nurse Practitioner
NTIS	National Technical Information Service
OAA	Old Age Assistance
OASDI . . .	Old Age, Survivors, and Disability Insurance
OB	Obstetrical
OBRA . . .	Omnibus Budget Reconciliation Act
OFO	Office of Field Operations
OMB	Office of Management and Budget
OMM	Office of Medicaid Management
OMP	Office of Medicaid Policy
OPH	Outpatient Hospital
ORD	Office of Research and Demonstrations
OT	Occupational Therapy
OTC	Over-the-Counter (drugs)
PA	Physicians' Assistant
PAAS	Physician Assured Access System
PAS	Professional Activities Study
PCC	Primary Care Clinician
PCCM . . .	Primary Care Case Management
PCP	Primary Care Physician
PED	Pediatric
PHP	Prepaid Health Plan

APPENDIX V (continued)

PHS	Public Health Service
PRO	Peer Review Organization
PT	Physical Therapy
QDWI	Qualified Disabled Working Individual
QMB	Qualified Medicare Beneficiary
RBRVS	Resource-Based Relative Value Scale
RHC	Rural Health Clinic
RN	Registered Nurse
RO	Regional Office
RRB	Railroad Retirement Board
RVS	Relative Value Scale
SLMB	Specified Low-Income Medicare Beneficiary
SMI	Supplementary Medical Insurance (Medicare Part B)
SMIC	State Medicaid Information Center
SPA	State Plan Amendment
SPD	State Plan Defined
spDATA	State Profile Data System
SSA	Social Security Act
SSB	Social Security Benefits
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSP	State Supplemental Payments
TCM	Targeted Case Management
Title II	Federal Old-Age, Survivors, and Disability Insurance Benefits
Title IV-E	Adoption Assistance and Foster Care
Title V	Maternal and Child Health Services Block Grant
Title XIII	Public Health Service (HMO Act)
Title XVI	Aid to the Aged, Blind, or Disabled (SSI)
Title XVIII	The Medicare program
Title XIX	The Medicaid program
TPL	Third Party Liability
UCR	Usual, Customary, and Reasonable

APPENDIX VI: STATE ABBREVIATIONS

Alabama	AL	Missouri	MO
Alaska	AK	Montana	MT
Arizona	AZ	Nebraska	NE
Arkansas	AR	Nevada	NV
California	CA	New Hampshire	NH
Colorado	CO	New Jersey	NJ
Connecticut	CT	New Mexico	NM
Delaware	DE	New York	NY
District of Columbia	DC	North Carolina	NC
Florida	FL	North Dakota	ND
Georgia	GA	Ohio	OH
Hawaii	HI	Oklahoma	OK
Idaho	ID	Oregon	OR
Illinois	IL	Pennsylvania	PA
Indiana	IN	Rhode Island	RI
Iowa	IA	South Carolina	SC
Kansas	KS	South Dakota	SD
Kentucky	KY	Tennessee	TN
Louisiana	LA	Texas	TX
Maine	ME	Utah	UT
Maryland	MD	Vermont	VT
Massachusetts	MA	Virginia	VA
Michigan	MI	West Virginia	WV
Minnesota	MN	Washington	WA
Mississippi	MS	Wisconsin	WI
		Wyoming	WY

**APPENDIX VII - FEDERAL MEDICAL ASSISTANCE PERCENTAGES
(FMAP)**

	<u>FY 1988</u>	<u>FY 1989</u>	<u>FY 1990</u>	<u>FY 1991</u>	<u>FY 1992</u>	<u>FY 1993</u>	<u>FY 1994</u>
AL	73.29	73.10	73.21	72.73	72.93	71.45	71.22
AK	50.00	50.00	50.00	50.00	50.00	50.00	50.00
AZ	62.12	62.04	60.99	61.72	62.51	65.89	65.90
AR	74.21	74.14	74.58	75.12	75.66	74.41	74.46
CA	50.00	50.00	50.00	50.00	50.00	50.00	50.00
CO	50.00	50.00	52.11	53.59	54.79	54.42	54.30
CT	50.00	50.00	50.00	50.00	50.00	50.00	50.00
DE	51.90	52.60	50.00	50.00	50.00	50.00	50.00
DC	50.00	50.00	50.00	50.00	50.12	50.00	50.00
FL	55.39	55.18	54.70	54.46	54.69	55.03	54.78
GA	63.84	62.78	62.09	61.34	61.78	62.08	62.47
HI	53.71	53.99	54.50	54.14	52.57	50.00	50.00
ID	70.47	72.71	73.32	73.65	73.24	71.20	70.92
IL	50.00	50.00	50.00	50.00	50.00	50.00	50.00
IN	63.71	63.71	63.76	63.24	63.85	63.21	63.49
IA	62.75	62.95	62.52	63.41	65.04	62.74	63.33
KS	55.20	54.93	56.07	57.35	59.23	58.18	59.52
KY	72.27	72.89	72.95	72.96	72.82	71.69	70.91
LA	68.26	71.07	73.12	74.48	75.44	73.71	73.49
ME	67.08	66.68	65.20	63.49	62.40	61.81	61.96
MD	50.00	50.00	50.00	50.00	50.00	50.00	50.00
MA:DPW	50.00	50.00	50.00	50.00	50.00	50.00	50.00
MI	56.48	54.75	54.54	54.17	55.41	55.84	56.37
MN	53.98	53.07	52.74	53.43	54.43	54.93	54.65
MS	79.65	79.80	80.18	79.93	79.99	79.01	78.85
MO	59.27	59.96	59.18	59.82	60.84	60.26	60.64
MT	69.40	70.62	71.35	71.73	71.70	70.92	71.05
NE	59.73	60.37	61.12	62.71	64.50	61.32	61.98
NV	50.25	50.00	50.00	50.00	50.00	52.28	50.31
NH	50.00	50.00	50.00	50.00	50.00	50.00	50.00
NJ	50.00	50.00	50.00	50.00	50.00	50.00	50.00
NM	71.52	71.54	72.25	73.38	74.33	73.85	74.17
NY	50.00	50.00	50.00	50.00	50.00	50.00	50.00
NC	68.68	68.01	67.46	66.60	66.52	65.92	65.14
ND	64.87	66.53	67.52	70.00	72.75	72.21	71.13

APPENDIX VII (continued)

	<u>FY 1988</u>	<u>FY 1989</u>	<u>FY 1990</u>	<u>FY 1991</u>	<u>FY 1992</u>	<u>FY 1993</u>	<u>FY 1994</u>
OH	59.10	58.98	59.57	59.93	60.63	60.25	60.83
OK	63.33	66.06	68.29	69.65	70.74	69.67	70.39
OR	62.11	62.44	62.95	63.50	63.55	62.39	62.12
PA	57.35	57.42	56.86	56.64	56.84	55.48	54.61
RI	54.85	55.88	55.15	53.74	53.29	53.64	53.87
SC	73.49	73.08	73.07	72.58	72.66	71.28	71.08
SD	70.43	71.02	70.90	71.69	72.59	70.27	69.50
TN	70.64	70.17	69.64	68.57	68.41	67.57	67.15
TX	56.91	59.04	61.23	63.53	64.18	64.44	64.18
UT	73.73	73.86	74.70	74.89	75.11	75.29	74.35
VT	66.23	63.92	62.77	61.97	61.37	59.88	59.55
VA	51.34	51.20	50.00	50.00	50.00	50.00	50.00
WA	53.21	53.06	53.88	54.21	54.98	55.02	54.24
WV	74.84	76.14	76.61	77.00	77.68	76.29	75.72
WI	58.98	59.31	59.28	59.62	60.38	60.42	60.47
WY	57.96	62.61	65.95	68.14	69.10	67.11	65.63

* For purposes of section 1118 of the Social Security Act, the percentage used under titles I, X, XIV, and XVI and part A of title IV will be 75 percent.

APPENDIX VIII - REFERENCES

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